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A J O U R N A L

OF

ENGLISH AND FOREIGN MEDICINE,

AND

MISCELLANY OF MEDICAL AFFAIRS.

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INDEX TO VOL. III.

Population, American, 23
 Presbyopia, 147
 Prescription, fatal, by a druggist's wife, 221
 Prevention of pitting in small-pox, 113
 Production of indigo, 48
 Profession, internal reform of, 18
 Profession, coercion of in Ireland, 299
 Professional Sketches, 13, 37, 109, 133, 145, 157, 169
 Professional etiquette, 148
 Professional self-trumpeting, 76
 Project second, Hawes's Bill, 78
 Prolapsus of intestines from artificial anus, 303.
 Prolapsus uteri, 195
 Prostate, cancerous degenerescence of, 58
 Prostate, inflammation of, 230; Schirrus enlargement of, 231; Calculi in, 232.
 Ptoxis, 111
 Pulse, importance of with Chinese physicians, 215
 Pustules following the internal use of tartarized antimony, 17
 Pustule, malignant, efficacy of the potential cautery, 58; treated without the cautery, 59
 Pyo-Herno pneumonite consequent on purulent absorption, 58

QUACKERY, 293; professional, at Blackburn, 185
 legal suppression of in Scotland, 14
 Quack advertisements, 256
 Quacks, caution to, 155
 Qualification and pay of the surgeons of merchant vessels, 76

REVIEWS:—Of Diseases of the Ovaria, by E. J. Seymour, 118; Magendie's Lectures, 119, 129; Spinal Curvature, by Dr. Serny, M.D., 131; Treatise on Cupping, by T. Mapleson, 142; Practical Observations on Preservation of Health, *ib.*; Guide to Madeira, by W. W. Cooper, 22; On Medical Treatment of Insane, by J. E. Seymour, 118; Illustrations of Arteries in Aneurism, and Surgical Operations, by G. D. Dermott, 46; Microscopic Observations of Liver, by C. R. Goring, M.D., and A. Pritchard, 58; Essay on the Classification of the Insane, 70; Traité Pratique d'Auscultation. Par Messrs. Barth et Roger, 93; Pathological Researches on Phthisis, by E. Ch. A. Louis, 93; Bedside Manual so Physical Diagnosis, by C. Cowan, M.D., *ib.*; Practical Remarks on the Discrimination and Appearances of Surgical Disease, &c., by J. Howship, 94; A Practical Treatise on the Function and Diseases of the Unimpregnated Womb, by C. Waller, M.D., &c., *ib.*; The Physiology of Blushing, by T. H. Burgess, M.D.; A Treatise on Inflammation, by Professor Macartney, 164; A Brief History of Small-pox, Cow-pox, and Vaccination, *ib.*; The Principal Baths of Germany, by E. Lee, 178; Elements of Chemistry, by R. Kane, M.D., &c., 185; A Tabular View of the Heart and Great Vessels, by Bellingham, M.D., &c., *ib.*; Practical Compendium of Diseases of the skin, by Jonathan Green, 201; Practical Observations on the Pathology and Treatment of Stricture of the Urethra, by R. Wad, 201; Retrospect of Medicine and Surgery 274; Essay on the Prospectus of the Secale Cornutum 285; The Student's and Dispenser's

Manual 298; Practical Treatise on Bilious Remittent Fever 298
 Ranula, 83
 Ravages of small-pox, 155
 Reform, Medical, 234, 217
 Recto-vesical, operation 267
 ———, legislative of British medical polity, 126
 ——— bill, medical, (Warburton's), 9; Hawes's, 222
 ——— projects, 42
 ——— medical, 53; Hawes's bill, 91
 ——— legislative or internal, of the British medical polity, 54, 90, 102
 ——— Bills for the medical profession, 198
 Respiration suspended by hanging and drowning 194
 Retinitis, 136
 Rheumatism, acute, 166
 Royal Institution of Great Britain 217

SARCOCELE 99
 Sanguineous exhalation in, cavity of arachnoid, 173
 Scirrhus, case of in the stomach, 268
 Scientific societies of London, 121
 Scotland, legal suppression of quackery in, 114
 Scotch dub-stamped doctors, 4
 Scrofulous disease of joints, 25
 Scrotum, cancer of, 195
 Sharpey's Lectures, 178
 Sketches and characters from Royal Infirmary, Edinburgh 193
 Small-pox, prevention of pitting in, 113
 Small-pox in metropolis, 121
 Small-pox, increased prevalence of, in the metropolis, 226
 Small-pox, new and efficacious treatment of 161
 Small-pox (confluent), 173
 Societies, Foreign, abscess in the brain, 7; non-contagion of plague; on the capillary system; on the phenomenon of vision 7, 35, 47, 59, 71, 131, 155
 Softening of spinal chord, 51
 Spine and spinal chord, injuries of, 50
 Spinal marrow diseased, 57
 Spirit of medical press, 257, 275, 287, 298, 305
 Spontaneous softening of stone in bladder, 47
 Squinting, new treatment of 169
 Stammering, new operation for, 298
 Stercoral fistula, 303
 Stomach—metastatic inflammation—perforation of 148
 Stomach, disease of 184
 Strabismus, operation for, 77
 Strangulated hernia, operation for, 302
 Strictures, 268
 Students, a few words to—a day's work for Mediculus—finis to the day's work—dissecting-room and patient's bedside, 1
 Surgeon on shipboard, 17, 29, 35, 52, 64, 89
 St. George's Hospital, 46
 Suicide by sulphuric and nitric acids, 112
 Surgery and medicine, unity of, 138
 TARTAR emetic, poisoning by 307
 Tartarized antimony, pustules following the internal use of 17
 Technical talk humbug 40
 Temoral bone diseased—seventh pair nerves 107

Tendinous system 87
 Testes, diseases of 97
 Testicle, fungoid protrusion of 99
 Tic dolereux 63
 Tight lacing 61
 Tinea of eyelids 110
 Tongue, affections of 182
 ———, Inflammation and enlargement of 182
 Tonsils, affections of 103
 Transpiration of feet, consequences of 45
 Trepanning 242
 Trichiasis 110
 Truss, proper situation for 361
 Tuberculous testicles—relapse after extirpation 119
 Tumours, abdominal observations on, by R. Bright, M.D. 202
 Tumour erectile of the orbit, cured by ligature of primitive carotid 47
 Tumours, small fleshy 88
 Typhus fever, numbness succeeding 7
 Typhus, Hydriodate of potass in 294
 ULCERATION of cartilages, 13
 ——— mucous membrane of bowels, 221
 University of London, regulations of examinations for M.B., 2
 ———, 79
 ——— of Edinburgh, 293
 Unwholesome dwellings, metallic exhalations, disease and death caused by, 250
 Unnatural growths, 88
 Urethra, wounds of, 205; irritable, 206; stricture of, *ib.*; ulceration of, 221; female affections of 233
 Urina calculi, 254
 Urine, complete retention of, for 72 hours, 58
 Urine, retention of, 230; incontinence of, 232
 Uterus, removal of, 195
 UTERUS, venereal granulated erosions and fungous neck of, 117
 Uvula, affection of, 183
 VACCINATION, 101; eightpenny, 40; in Ireland, 114; bill in Ireland, 46; Act, 281; on nature and importance of, 307
 Vaccinator, parish, 245
 Vacancies, promotions, and appointments, 23, 71, 83, 107, 155, 167, 179, 203; 216, 252, 263, 275, 288
 Variolous pustules in the larynx, 153
 ———, are they found in the interior of the body? 44
 Vein, jugular, introduction of air into. 131
 Velpeau's ointment for erysipelas, 118
 Venous erectile tumour of upper lip, 269
 Vertebrae, cure of luxation of, 154
 Vesica, vaginal fistula, new method of curing, 59
 Vulvular follicles, inflammation of 29
 WARRANT for regulating pay appointments, and pay of army medical officers 91
 Western Eye Dispensary 293
 White swelling 6; of the elbow after amputation; of a similar affection of the foot; tubercles of bones and in the lungs; inexpediency of amputation in 59
 Witnesses, medical 40
 Wounds penetrating the globe of the eye 171
 Young surgeon on shipboard 137, 154, 175

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INDEX.

ABLATION of the lower orbital plate, 67
Abdominal typhus, primitive seat of, and cured by large doses of calomel, 45
 ———— tumours, 179, 215
Academic meeting at the Ecole de Medicin, 83
Academy of Medicine, Paris, 131, 155, 23
Acetate of lead, poisoning by, 149
Action of heart after suspension of respiration, 117
Algerine treatment of intermittent fever, 298
Amaurosis, 145
American population, 23
 ———— of Sciences, 35
Amputation of penis, 194
Anatomical Society of Paris, 107, 167
Anatomy Act, 235, 248, 256, 273, 277, 292, 304
Anatomical Society of Paris, 119
Anecdote of a Canterbury doctor, 117
Aneurism, Bransdor's principle of operation on, 124
 ———— of arteria innominata, 173
 ———— popliteal, 155, 305
 ———— by anastomosis, 299
Animal magnetism, 181
Anus, fissures of, and obstinate constipation cured ———— artificial, 303
Apothecary, the, 133, 145
Apothecaries' Hall, London, regulations for, 2
 ———— Hall, 3, 94
Apprentices, medical, 40
Association, North of England, 3
 ———— British, 9
 ———— Medical Section of, for the advancement of science, 15
Arsenic, poison from, 83
 ———— new antidote for, 92
 ———— and antimony, poisoning by, 94
 ———— antidote to, 125
 ———— hydrated oxide of iron, antidote for, 57
Artificial pupil, 169; operation for, 170

BARK, large doses of in epidemic typhus, 173
Bladder, hypogastric puncture of, 58
 ———— puncture of, 220
 ———— rupture of, 232
 ———— bursting, 232
 ———— inflammation of, 232
 ———— calculus in, 266
 ———— and kidneys, tuberculous, 107
Bones, tubercles in, and in the lungs, 59
Brain, ramollissement of, (Howship,) 196, 208
Brain, compression of from injury during epilepsy, 107
Brain, compression with collapse, 119; abscess in, 7
 ———— abscess of, 50
Brachial artery, tying of, 244
Breast, chronic inflammation of, 87
Brodie, Sir B., lecture on mortification, 115
British Medical Association, humbug of, 306
Bougies, use of, 269

CANCER and fungous hæmatodes, 99, 103
Canterbury doctors, 73
Cataract, 158
Carlisle, Sir Anthony, death of, 66
Caries of vertebral column, 61
Capillary circulation, on the, 7
Caution to quacks, 155
Cerebellum, partial ramollissement of 197
Cerebral nerve (fifth), paralysis of, 57
Cerebral disease, 107
Changes of the medical corporations, 162
Charities, state of Irish medical, 53
Chemists and Druggists, Hawes's bill, 246
Chemistry and physiology of digestion, 21
Chemosis, 122
Circassia, medical practice in, 19

Citric acid, products of dry distillation, 67
Clinical lecture on states of the system which render operations dangerous, 33, 92
Clinical lecture on mortification, 115
 ———— by Sir Benjamin Brodie, 139, 153
 ———— observations of Dr. Seymour, 272
 ———— on rheumatism at St. George's, 300
Club-foot—contracted fingers from diseases of the brain, 23
College of Surgeons, 3, 19, 29, 43, 71, 77, 109, 112, 125, 134, 151, 167, 184, 234, 257, 266, 281, 289
 ———— Edinburgh, 113
Colchicum, poison by, 137
College of Physicians, reform in, 234
Compression, 38
Compression of brain, with collapse, 119
Concussion, 38
Confessions of Jasper Buddle, 31, 43, 55, 69, 80, 103, 116, 128, 151, 214, 236, 271, 282, 295, 308
Condition of dispensing assistants, 55
Connexion between the spinal marrow and the spinal nerves, 23
Cooper, Sir Astley, funeral of, 262
Cooper, Bransby, on excision of the joints, 67
Copaivi, new mode of administering of, 131
Correspondence, 23, 35, 40, 55, 64, 76, 100, 178, 221, 233, 245, 256, 286, 293, 294
Corporations and colleges, medical, 229
Couching operation, 160
Curvature of the vertebral column from intestinal softening of the vertebræ, 51

DEAFNESS, from obstruction of the Eustachian tube, 56, 77, 113, 141, 151
Detached facts, 149
Deleterious influence of marsh miasmata, 155
Death of Mr. McCredie, 103
Deputation of Messrs. Warburton and Hawes,
Delirium tremens, 272
Diary of a young country surgeon, 85
Diary of navy assistant-surgeon, 203
Diabetes, 153
Digestion, chemistry and physiology of, 21
Dislocation of femur, 4; of patella, 5; of knee-joint, 5; of ancle, 5; of foot, 6.
Diseases of hip-joint, 14
Dispensing assistants, conditions of, 55
Dislocation of the knees, 59
Dislocation of latissimus dorsi, 94
Disease and death caused by unwholesome dwellings and metallic exhalations, 251
Dormitory of St. Giles's, 201
Droga amara, 212
Druggists and chemists—Hawes's bill, 246
Dropsy, observations on, Dr. Seymour, 312
Dub-stamp doctors, 109
Dura mater, injury of substance of brain, 28

EAR purulent discharge from, 181
Earache, 181
Eczema, chronic, 197
Eye, diseases of, 109, 121
 ———— malignant diseases of, and extirpation, 173
 ———— catarrhal inflammation of, 109
 ———— rheumatic affection of, 136
 ———— lids, 109; tinea of, 110
 ———— variolous; inflammation of, 134
 ———— inflammation of, external proper tunics of, 134
 ———— chambers of, 135
Edinburgh, College of Surgeons of, 113
Empyema, 75
Epistaxis, 73
Ergot of rye, use of, 305

Etiquette, professional, 148
Eustachian tube—deafness from obstruction of, 113, 141
Exanthemata and evanthemata, 44

FEMALE fortitude, 79
Fermentation, phenomena of, 198
Fistula in perineo, 230
Fistula, boiling water a means of curing, 145
Folliculous diclydite, 165
Foreign Societies, 22, 82, 94, 107, 119, 131, 155, 179, 263.
 ———— Journals, 32, 44, 56, 66, 127, 137, 172
Functions of the ganglionar nerves on the, 45
Funeral of Sir Astley Paston Cooper, 262
Fistula in ano, 267
Flare-up among the medical students of Madrid, 28
Fracture, depressed of cranium, compound, 296

GANGLIA observed in human heart, 203
German's opinion of the London hospitals and their officers, 25
Generation and formation of animals, 225
Glandular system, 87
Glaucoma, acute, 136
Gonorrhœa Benigna, 206
Gums and palate, tumours of, 183
Guy's Hospital and King Harrison, 49, 61

HANGING, death by, 81
Harelip, 243
Hawes, Mr., letter to, 274 284
Hæmatocele, 99
Hæmaturia, 205
Heart and aorta, fatal disease of 107
 ———— of the shark, contractility of after death 82
 ———— action of, after suspension of respiration, 117
Hernia inguinal 301
 ———— congenital 306
 ———— inguinal, symptoms and diagnosis of 304
Hemeralopia, 147
Hydrossi articuli, 6
Hypopium, 135
Hip-joint, diseases of 14
Hemiplegia, 39
Hepatic disease, Dr. Seymour 312
Hernia, 278; treatment of irreducible 288; strangulated hernia, 290; operation for 291
 ———— surgical anatomy of 19
 ———— cerebri 37
 ———— of a pregnant uterus through the inguinal canal, operation 161
Hippocrates, oath of, 221; on climate, seasons, water, situation 247, 260, 265
Hippuric, a new affection of the urinary organs 58
Hospital staff, 299
Hospital reports, 360
Howship on surgical disease 311
Hospitals of London, German opinion of 25
Hospital Reports—apoplectic effusion in the anterior and right middle lobes of the brain, without loss of voice, 34, 58
 ———— St. Louis, ruptured white swelling after amputation, 35, 58
 ———— Hotel Dieu, 106, 161
 ———— des Enfants 107
 ———— foreign 165
 ———— London 169
House of Commons, 306
House of Commons, medical reform, 234, 258, 270
Houston's knife for dividing vessels of the eye 4
Hunterian oration, 253; society 263
Humerus, incomplete dislocation of 197
Humbug British Medical Association 306

Hydrocephalus, and its treatment by potential cautery 44
Hydrophobia incapable of second transmission, 283
Hydrothorax 75
Hydatids 88
Hydriodate of potass in typhus 244
Hydrocele in infants 99
— of the chord 99
Hymen and its analogies 193

INDIGO, production of 48
Inflammation of synovial membrane 6
— of bursæ 86
Inguinal hernia, 291; on females 303
— on seat of strangulation in 58
Inoculation, 79
Intestines, perforated, if from peritoneal inflammation 107
Inquest extraordinary, 210, 223
Intestinal worms 261
Ireland, vaccination in 119
Iritis, 135
Internal reform of the profession 18
Injury of dura mater, and substance of brain 28
Ireland vaccination bill, 46
Irish medical charities, state of, 53
Iron, hydrated oxide of, antidote for arsenic 57

JASPER BUDDLE, 31, 43, 55, 69, 80, 103, 116, 128, 157, 214
Joints, scrofulous diseases of, 25; loose cartilages in, 26
— and bones cured by mercury 172

KIDNEY and Bladder, tuberculous 107
— disease of, 184
Knees, dislocation of, 59
Knox, Dr., teacher of anatomy 289

LACHRYMAL sac 243
Larynx, variolous pustules in, 153
Law must protect us against ignorance, 30
Lawrence's surgical lectures—on dislocation of femur; patella; knee-joint; ankle; foot; diseases of joints; white swelling; inflammation of synovial membrane, symptoms and treatment; hydrossi articuli, 4
— on ulceration of cartilages, symptoms; diseases of the hip-joint, with symptoms and treatment, 13
— on scrofulous disease of the joints; loose cartilages in joints; nervous system; injuries of the head, ecchymosis; various species of injury of the head, and treatment 25
— on fissures of the heart (continued); hernia cerebri; compression of brain, causes, treatment, and symptoms: concussion, symptoms, causes, and treatment 37
— on injuries of the head (continued); convulsions; abscess of the brain; injuries of spine and spinal chord; softening of spinal chord; curvature of the vertebræ, treatment 49
— on caries of vertebral column; injuries and diseases of the nerves; wounds and tumours of nerves, treatment; neuralgia; sciatica, treatment; tic douloureux, causes and treatment; diseases of particular nerves 61
— on mucous membranes; ozæna, treatment; epistaxis, treatment; innocent polypus, treatment; inflammation and abscess of the cavity of the antrum; morbid growths of the antrum, treatment; serous membranes; wounds of serous membranes, treatment; empysema; hydrothorax; paracentesis thoracis; air in the pleuræ 73
— on paracentesis abdominis, operation; inflammation of bursæ; tendinous system; glandular system; inflammation and abscess of the breast; malignant diseases; unnatural growths 86
— on diseases of the testis; varicocele; hydrocele; hæmatocele; fungoid protrusion of the testis; sarcocele; cystic sarcoma; cancer; liver, inflammation and abscess of; thyroid gland; bronchocele, and treatment 97
— on diseases of the eye, 109, 121; chronic ophthalmia; inflammation of the external proper tunics; of the internal parts; of the chambers, treatment; hypopium; iritis; retinitis; inflam-

mation of the vitreous humour; retina and choroid coat in elderly persons; glaucoma; catarrhal rheumatic affection; ophthalmitis, treatment 134
— on amaurosis; hemeralopia, treatment; nyctalopia; presbyopia; amaurosis resumed, 145
— on diseases of the eye, continued; cataract, causes and treatment; operations of extraction, depression, and solution 158
— on diseases of the eye, concluded; impaired or lost vision; artificial pupil; accident to the eye; affections of lachrymal parts; malignant diseases; extirpation of the globe 169
— on affections of the ear; of the tongue; of the organs of mastication and deglutition 181
— on malignant tumours; prolapsus uteri, treatment; cancer; extirpation of uterus; of the ovary; obscure disease of external organs of generation in female children, treatment 193
— on urinary organs; wounds of urethra; hæmorrhage from the urethra, causes, treatment; hæmaturia; gonorrhœa benigna; irritable urethra, treatment; stricture, causes, symptoms, and treatment 205
— on urinary organs, continued; treatment of stricture resumed; puncturing the bladder; ulceration of urethra, treatment 218
— on urinary organs, continued; testicle in perineo; retention of urine; inflammation of the pustule; calculi in the prostate; rupture, bursting, and inflammation of bladder, treatment; incontinence of urine, treatment; affections about the female urethra 230
— on trepanning; opening of lachrymal sac; hare-lip; removal of tumours; tying the brachial artery, 242
— on urinary calculi, causes and symptoms; sounding, 254
— on palliative treatment for the stone; lithotritry; lithotomy; lateral, high, recto-vesical operations; cutting into the urethra; fistula in ano, treatment; abscess; piles; hymorrhoidal excrescences, treatment; stricture, treatment; use of bougies, 266
— on hernia, its varieties and causes; reducible hernia, treatment 278; treatment of irreducible hernia; strangulated hernia, symptoms, treatment, operation; inguinal hernia 289; proper situation for a truss; operation for strangulated hernia; artificial anus; prolapsus of intestine from artificial anus; stercoral fistulæ; hernia congenita, symptoms and diagnosis of inguinal hernia 301
Lecture, introductory to 2nd division of the anatomical session 1840-41, 209, 223, 237
— clinical, B. Brodie, on mortification 213
Lachrymal gland and passages 171
Larynx, syphilitic ulcerations of, 173
— and trachea, wounds of 193
Lateral operation 267
Legislative or external reform, thoughts on, of the British medical polity 66
Lead, acetate of, poisoning by 149
Legal suppression of quackery in Scotland 114
Lithotritry 267
Lithotomy 267
Lips, cancer of, 182
Liver, displacement of, by disease
— diaphragm, abscess between, 184
— malposition of 185
— position of small intestines, anterior to 185
— left lobe, disease of malignant tumour 185
Llandoverly 47
London, scientific societies of 121
London fever hospital 245
Luxation of lower jaw, reduction of, by handle of knife 131
Lungs, disease in 275
— disease of 287
Luxation, case of, during a fit of epilepsy 298
MAGENDIE'S lectures, review of, 119, 129
Malignant diseases, 88
Marsh miasmata, deleterious influence of, 155
Medical profession bill 254
— reform 301
Medicine and surgery, unity of, 138
Medical profession, Poor-Law Guardians, 150
Medical Times, character and intentions of, 8
— Reform Bill (Warburton's) 9; (Hawes's)

Medical section of the British Association for the advancement of science, 15
— Jurisprudence, curious question of, 16
— Practice in Circassia, 19
— Association, 50
— clubs, 31, 64, 100; publications, 35; apprentices, 40; witnesses, *ib.*; Reform Bills, 210
— Reform, 53, 163, 186
— Meeting, 89
— Portrait, E. Stanley, Esq., 97
— corporations and colleges, 229
— and Cirurgical Society, Royal, 259
Medicine, new terms in, 40
Medicine and Surgery, unity and equality of, 162
Medicine, practice of in West India colonies, 259
Medico-Botanical Society, 247
Memoir of Sir Astley Cooper 241
Mesmerism, facts in, 58
Metropolis, disease in, 174
Metropolis, small-pox in, 121
Microscopic experiments on blood, milk, lymph, and pus, 71
Monmouth, 46
Mortality, table of, 9, 17, 31, 41, 52, 66, 73, 94, 101, 113, 125, 142, 147, 158, 169, 185, 193, 214, 230, 246, 256, 266, 277, 299, 301
Mortification, lecture on, by Sir B. Brodie, 115, 127
Mucous membranes, affections of, 73
Muscles retracted, remote and prominent causes of deformity of, 59
Myopia, 147
NERVES, injuries and diseases of, 62
Nervous system, 27
Neuralgia, 62; treatment of by Magendie, 140
Nitric and sulphuric acids, poisoning by, 112
North of England Association, 3
Numbness succeeding typhus fever, 7
Nyctalopia, 147
OBITUARY medical, 23, 35, 107, 120, 132, 138, 167, 179, 208, 263, 297.
Obscure disease of external organs of generation in female children, 196
Observations on abdominal tumours and intumescence, 251
Observations on stonecutters' disease, 177
Observations, clinical, on hypertrophy of the heart, 312.
Omentum, morbid growths of, 184
Operation for secondary capsular cataract, 160
Operations, lateral and high, 262, 267; for stuttering, 309
Ophthalmia, chronic, 122; catarrhal, *ib.*; purulent, *ib.*; in children, 123; gonorrhœal, acute, *ib.*; strumous, *ib.*
Opodeldoc in caries of bones with fistula, 173
Orfila and toxicology, 106
Osteosarcoma of the lower jaw, 106
Ovary, extirpation of, 195
Ovarian dropsy, 311
Ozæna, 73
Œsophagus and pharynx, wounds of, 183; structure of, 184
PARACENTESIS Abdominis, 86
Paris, anatomical society of, 119
Parish vaccinators, 245
Particular nerves, diseases of, 63
Penis, cancer of 194; amputation, *ib.*
Perforation of the stomach, metastatic inflammation, 148
Peritoneum, malignant disease of, 184
Pharynx and œsophagus, wounds of, 183
Phthiriasis from cutaneous lice, 45
Phymons, operation in, 194
Physicians, college of, 234
Piles 268
Plague, non-contagion of, 7
Pleuritis, 272
Plica Polonica, 200
Pneumonia pericarditis, and hemiplegia, *pneumo*; thorax, 161
Poisoning by vapour of ammonia, 112
Polypus, 74, 182; malignant, 75
Polytechnic Institution 205
Popliteal aneurism continued after ligature of femoral artery, 155

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

A FEW WORDS TO STUDENTS.

WE are not about to read a homily or preach a sermon, but merely to give a few hints to those who are about to commence, in the Great Metropolis, the study of medicine. The Student's first task upon his arrival in town is, to select a school, and to do that one great thing needful—to pay down the heavy fees of the certificate-mongers. Medicine is one science, and is only to be properly learned at the bedside and in the dissecting-room; but in order that as much as possible may be drawn from the unhappy wight who aspires to the honour of a diploma, the powers that be have split up the study of the healing art into as many pieces as possible, and portioned each branch to a separate and especial teacher. The consequence is, that instead of the pupil's attention being concentrated upon the essentials of the science he would learn, he is distracted with a dozen things at once—so that if the "Rules and Regulations" of the Fee-takers were strictly adhered to, his day's duty would run somewhat thus:—

A DAY'S WORK FOR MEDICULUS.

From Seven o'clock till Eight—Rise, dress, and breakfast.

From Eight to Nine—Carefully study the largest and best works on Botany! Anatomy!! Physiology!!! Pathology!!!! Practice of Physic!!!! Materia Medica!!!! Therapeutics!!!! Chemistry!!!! Midwifery!!!! Surgery!!!! Comparative Anatomy and Medical Jurisprudence!!!! with an occasional dip into the most celebrated monographs on the Diseases of the Eye, Auscultation, Percussion, and Diseases of Children.

From Nine to Ten—Allow Dr. Deadleaf to bother you on the botany of the Himalaya Mountains, and to pursue the question, pro and con, as to whether the basket in which Moses floated was of exogenous or endogenous character.

From Ten till Eleven—Suffer Mr. Snipliver, the Demonstrator, to explain why the nasal process of the scapula in the Pachydermata is of its usual form; and, further, to dilate at considerable length, and with great eloquence, upon the important fact, that if it was not of its present form, it must of necessity present some other shape and appearance.

Eleven to Twelve—Attend Mr. Mulltest on Chemistry. See with the eyes of Faith, and when the deposit is blue instead of red, and black instead of yellow, attribute it to imperfect light or dirty glasses, or think that your eyes are out of order. Get by heart the short list of equivalents, atomic weights, and various systems of notation—copy all the diagrams of the various decompositions into a note book, and never ask yourself whether an acquaintance with Berzelius will assist you in treating a broken leg, or the atomic weights lighten your professional labours.

From Twelve till One—Make one of the fifty who follow Dr. Routine Runround in his visit to the Physician's patients. Take notes of his manner of addressing a patient, that is when you can ram or cram yourself near enough to see him. Be satisfied that there is more in the shake of his head than in Bur-

leigh's, and that his mode of feeling a pulse is the only clinical instruction you require.

From One till Two—Make one of the hundred whom the fame of Mr. Flayemalive's operations has gathered round him. Learn from him that surgeons' patients are merely worthy attention when they require the knife, and that your only chance in this world is to operate your way to fame and fortune. Never obtrude an impertinent inquiry, although you may have paid heavily for clinical instruction; in proportion to your ignorance of the case strive to look wise upon it.

From Two to Three—Bolt to your lodgings, and bolt your dinner, and by way of amusing your mind and assisting digestion, devour a few dozen pages of 'Cheselden on the Bones,' or some such light reading, to prepare you for the labours of

From Three to Four—To be occupied by Mr. Cutemup, the lecturer on Anatomy and Physiology. Take careful notes of how many convulsive kicks your landlady's cat gives in return for the complimentary touches of a pin or scalpel-point to its denuded spinal marrow—follow the steps and symptoms following the tying the abdominal aorta in a living dog, and register how often a pigeon or a rabbit will spin round "on its long axis," when one cerebral lobe has been scientifically interfered with. If the school be a large one, and you are too far off to hear the lecture, or to understand the demonstration, do not fail to copy, although you may not understand, the illustrative diagrams which shine in all the glory of blue and red chalk.

From Four till Five—Attend Doctor Dirty-story's 'Obstetric' class. Learn to discriminate between the *os pubis* and the *os tinea*. Believe that midwifery is the most sublime of the sciences, and the mind of man incapable of conceiving so dignified an employment as that of supporting the perineum. When the Doctor enlivens his audience with a Joe Miller laugh, very loud—it may be serviceable when you ask for your certificates.

From Five to Six—Being the lecturer's dinner hour, drop into the dissecting-room, and work away at your portion of the subject. Always be long enough (at an hour a day) dissecting the first muscle or two, to allow all the rest to get putrid before you see them. Having made a "pretty" dissection to begin with, finish by "dissecting for bone."

From Six to Seven—Doctor Purgem's lecture on Physic must be scrupulously attended. He will give the history of all known and unknown diseases with the most ample and exact account of every useless and exploded remedy, incidentally alluding to the more useful ones. Follow him in his conjectures; note down his suppositions; and if he gives you much theory and little practice, rest content that you are "diligently" obeying the "regulations" of the Hall and College.

Seven to Eight—Attend Mr. Flayemalive's surgical lecture. He, too, will spin out the orthodox number by giving the history of how Ambrose Paré first applied ligatures, and how dreadful the actual cautery used to be. How Taliacotius

He will tell you all about John Hunter and aneurism, and say more about where syphilis came from, than how best to get rid of it.

From Eight to Twelve—Having missed the Materia Medica and the Therapeutics, and the Comparative Anatomy, and the Forensic Medicine, because you have not the property of ubiquity, read some good work upon each of these subjects; and further, obey your teacher's injunctions by going over your notes and referring to the best works on each subject you have listened to. By midnight you will have done a day's work, and tumbling into bed, you will not fail to offer up a prayer for established institutions, and, delighted with the wisdom displayed in their "Rules and Regulations," snore a

FINIS TO THE DAY'S WORK.

The absurdity of all this is so self-evident, that it is almost unnecessary to condemn it. The Fee-takers have split medicine into morsels, and ordained that each shall be paid for and certified. Our advice to the student is, therefore, to buy his certificates as cheaply as possible—and to feel satisfied that *his success depends solely upon himself*, no matter what school he goes to.

THE DISSECTING-ROOM, AND THE PATIENT'S BED-SIDE,

are the only places to learn anatomy and the treatment of disease, and if he means to learn his profession, there he must sedulously attend. The pupil wants but few books, but he must make one positive rule, which no circumstance will justify him in breaking—to read at least three hours a day. If he finds that he has chanced upon a foolish or unprofitable lecturer—and they are plenty as blackberries—let him attend for certificates, and take a book with him for instruction. The first dislike to the dissecting-room is soon overcome, and the more speedily conquered the better. The money usually spent upon books which are destined to remain unread, and instruments to remain unused, should be spent upon subjects. Dissect, dissect, dissect! It is the alpha and the omega. For the hospital, let him go round before the surgeons and physicians, when the patients are being "dressed." He will then have time to make examinations and inquiries, and when he afterwards goes round the wards with the medical officers, he will be familiar with the cases. Let him never hesitate to ask for information at the bed-side—it is his right—he has paid for it, and should have it. Ten words with the patient before you is worth twenty prosy lectures. Let him have few books, say the 'Dublin Dissector' for the exact anatomy, Dr. Steggall's unpresuming but useful and deserving 'Manuals for the College and Hall,' to guide him as to the character and amount of information required of him by the examining bodies. He is not, however, to be content with what they will afford him—he must study to practise as well as to pass 'Cooper's Surgical Dictionary,' 'Reid's Text Book of Chemistry,' some modern book on Practice of Physic, perhaps 'Hooper's Vade Mecum,' a small cheap volume, or, still better, when complete, Dr. Williams's 'Practical Medicine'; any short work on Botany, 'Steggall's Text Book of Materia Medica'; these are almost all that are absolutely requisite at first. Other and more voluminous volumes are

from
The brawny part of Porter's bust
Cut supplemental noses, which
Endured as long as parent breech.

indispensable at a later period of his studies, but *at first* this is all he should trouble himself with. Works for later reading we will speak of hereafter. Let him, too, have but few acquaintances, for idlers are sad destroyers of busy people's time. It would be well not to let the majority of his acquaintance know his *habitat*—they will else "drop in" to interfere with good intentions and destroy the line of study. It is too much to expect that the temptations of London will be altogether unattended to—indeed it is ridiculous to suppose that a young man fresh from the country, and perhaps with all the glad feelings of young freedom from a galling apprenticeship, should turn a deaf ear and a cold eye to the temptations of the metropolis; it is against nature to expect it. But whatever the temptation be, let him never forget what is due to his friends and to himself. Let him learn his profession, and this he will do, without feeling it a task, if he firmly adheres to the resolution of reading—without one omission—at least three hours a day. The dissecting-room and the bedside will do the rest.

We have here set down a list of the schools, their localities, going from East to West of London, with the fees charged by each. The student must judge for himself.

	£	s.	d.
Leeds School	42	0	0
Birmingham Royal School	42	0	0
London Hospital, Whitechapel	50	0	0
Guy's Hospital, Boro'	56	14	0
St. Thomas's Hospital, Boro'	54	12	0
Grainger's School, Webb Street, Boro'	47	5	0
St. Bartholomew's Hospital, Smithfield	65	2	0
Aldersgate Street School	37	16	0
Charlotte Street School, Bloomsbury	31	10	0
Hunterian School, Charlotte Street	35	0	0
University College, Gower Street	63	0	0

[In addition to the foregoing payments for each class, students not nominated by proprietors must pay 5s. additional for every pound, until this extra payment amounts to £4 10s.; and a college fee of 10s. for one class, and £1 for two or more classes, is to be paid by each student every session; in a course of short duration this fee is diminished. Payment of the matriculation fee of £2 will relieve the student during the whole course of his study from the payment of the college fee.]

Sydenham College, Grafton Street	40	0	0
King's College, Strand	57	15	0

[The courses which students are required to attend by the College and the Hall, may be attended at King's College for £57 15s.; or for students nominated by proprietors, £53 10s. The matriculation fee is £1 1s. additional.]

Middlesex Hospital, Charles Street, Tottenham Court Road	45	0	0
Charing Cross Hospital, Agar St.	42	18	0
St. George's Hospital, Hyde Park	54	12	0
St. George's (Mr. Lane's) School, Grosvenor Place, next the Hospital	42	0	0

UNIVERSITY OF LONDON.

Regulations to continue in force until 1842.

DEGREE OF BACHELOR IN MEDICINE. FIRST EXAMINATION.

Certificates required of Students.—1. Of having been engaged, during two years, in their Professional Studies. 2. Of having attended a Course of Lectures on each of the subjects comprehended in the above list. 3.

Of having dissected during nine months. 4. Of having attended to Practical Pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the Preparation of Medicines.

SECOND EXAMINATION.

Certificates required.—1. Of having been engaged, during four years, in their Professional Studies. 2. Of having passed the first examination. 3. Of having attended a course of Lectures on each of the two subjects comprehended in the above list. 4. Of having dissected during twelve months. 5. Of having attended to Practical Pharmacy during a sufficient length of time to enable the Pupil to acquire a practical knowledge in the Preparation of Medicines. 6. Of having conducted at least Six Labours. 7. Of having attended the Medical Practice of a recognised Hospital or Hospitals, during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of Moral Character from a Teacher in the last School or Institution at which they have studied, as far as the Teacher's opportunity of knowledge has extended. To translate a portion of Celsus de Re Medicâ.

DEGREE OF DOCTOR IN MEDICINE.

Certificates.—1. Of having been engaged, during five years, in the practice of their Profession. 2. Of having taken the degree of Bachelor of Medicine.

ABSTRACT OF REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

[NOTE.—These Regulations apply to Students going up for Examination after July, 1842.]

Candidates are required—To have been engaged, during four years, in their professional studies at one or more of the Institutions or Schools recognised by the University.—To have spent one year at least, of the four, in one or more of the recognised Institutions or Schools in the United Kingdom.—To pass two Examinations.

For the FIRST EXAMINATION, which takes place once a year, and commences on the first Monday in July, the Candidate is required to produce certificates—Of having completed his nineteenth year.—Of having taken a Degree in Arts in the University, or in a University the Degrees granted by which are recognised by the Senate of the University; or of having passed the Matriculation Examination.—Of having been a Student during two years at one or more of the Medical Institutions or Schools recognised by the University, subsequently to having taken a Degree in Arts, or passed the Examination.—Of having attended a course of lectures on each of four of the subjects in the following list:—

Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy; Chemistry; Botany; Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery and Diseases peculiar to Women and Infants; Surgery; Medicine.—Of having dissected during nine months.—Of having attended a course of Practical Chemistry.—Of having attended a Practical Pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines.—The fee for the Examination is £5.

Candidates to be examined in the following subjects:—Anatomy; Physiology; Chemistry; Structural and Physiological Botany; Materia Medica and Pharmacy.—Anatomy and Physiology, by *vivâ voce*, and Demonstration from Preparations.—Chemistry, Materia Medica, and Pharmacy, by *vivâ voce*, and Demonstrations from Specimens.

The SECOND EXAMINATION takes place

once a year, and commences on the third Monday in July.—No candidate is admitted to this Examination within two academical years of the time of his passing the first Examination, nor unless he produces certificates.—Of having passed the first Examination.—Of having, subsequently to having passed the first Examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the candidate had not presented certificates at the first Examination.—Of having, subsequently to having passed the first Examination, dissected during six months.—Of having conducted at least six labours.—Of having attended the medical practice of a recognised hospital, or hospitals, during twelve months, and lectures on Clinical Surgery.—Of having attended the surgical practice of a recognised hospital, or hospitals, during other twelve months, and lectures on Clinical Medicine.—Of having, subsequently to the completion of his attendance on Surgical and Medical Hospital Practice, attended to Practical Medicine in a recognised hospital, infirmary, or dispensary, during six months.—The fee for this Examination, £5.

Candidates to be examined in the following subjects—Physiology; General Pathology; General Therapeutics; Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine.

REGULATIONS OF APOTHECARIES' HALL.

Students whose attendance on lectures shall commence, or has commenced, on or after the 1st of October, 1835, will be required to produce certificates of having attended, during three Winter and two Summer Sessions, lectures in the following order, and medical practice from the commencement of the second to the termination of the third Winter Session.—(The Winter Medical Session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the Summer Session as commencing on the 1st of May, and ending on the 31st of July.)

First Winter Session.—Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics.

Second Winter Session.—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine; Midwifery; Medical practice of an hospital.

First Summer Session.—Botany, and such other branches of study as may improve the student's general education.

Second Summer Session.—Botany, if not attended during the first Summer Session; Forensic Medicine; Midwifery, with attendance on cases; Medical practice of an hospital.

Third Winter Session.—Dissections; Principles and Practice of Medicine; Midwifery, with cases, if two courses have not already been attended.—Medical practice of an hospital or dispensary.

The student is required to attend the medical practice of a recognised hospital, from the commencement of the Second Winter to the termination of the Second Summer Session, and from that time to the end of the Third Winter Session, at an hospital or recognised dispensary.—Midwifery, two courses of sixty lectures each, in separate Sessions, and after the first Summer Session.

REGISTRATION.—A book is kept at the Hall of the Society for the registration, at stated times, of the names of students, and of the lectures, hospitals, and dispensaries they attend.—All students in London are required to appear personally, and to register the several

classes for which they have taken tickets; and those only will be considered to have complied with the regulations of the Court whose names and classes in the register correspond with the testimonials of the teachers.—The book will be open for the registration of tickets authorising the attendance of students on lectures and medical practice, in the months of October and May; and for the registration of certificates of having *duly attended* such lectures or medical practice, in the months of April and August. Due notice of the days and hours of registration will be given from time to time.

PRELIMINARY EXAMINATION.—Students may undergo their Latin examination at any time after their first registration, except during the months of August and September. A book is opened at the beadle's office at the Hall, for the entry of the names of those gentlemen who are desirous of undergoing this examination, to which twenty will be admitted on each successive Saturday, provided there are as many names on the list; when less than twenty names are on the list, no examination will take place. Candidates must attend at half-past three o'clock, and those who fail to pass this examination satisfactorily, will not be re-admitted until they appear for their general examination.

EXAMINATION.—The examination of the candidate for a certificate of qualification to practise as an apothecary, will be as follows:—In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of 'Gregory's Conspectus Medicinæ Theoreticæ.' In physicians' Prescriptions, and the Pharmacopœia Londinensis; In Chemistry; In Materia Medica and Therapeutics; In Botany; In Anatomy and Physiology; In the Principles and Practice of Medicine. This branch of the examination embraces an inquiry into the pregnant and puerperal states; and also into the diseases of children.—By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary, can be re-examined *until the expiration of six months* from his former examination.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Regulations which apply to Students commencing their Education after the termination of the Session 1839-40.

Candidates will be required to bring proof—

1. Of being not less than twenty-one years of age.—2. Of having been engaged in the acquirement of professional knowledge for not less than five years, three of which shall have been passed in a recognised school or schools of Surgery.—3. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during two Anatomical Seasons.*—4. Of having attended at least two courses of Lectures on Surgery, delivered in two distinct periods or Winter Seasons of six months, each course to comprise not less than sixty Lectures.—5. Of having attended Lectures on the Practice of Physic and on Chemistry during six winter months, comprising not less than seventy Lectures respectively; one course on Materia Medica, with Medical Botany, during six months, and one on Midwifery during six months, each comprising not less than sixty Lectures, and, at least, twenty-five Lectures on Medical Jurisprudence. Certificates of attendance on these

Lectures during the Summer Season will be received, provided they are equally divided over a period of four months.—6. Of having attended, during twenty-one months, the surgical practice of a recognised Hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for twelve months in any one of such Hospitals, and twelve months in any recognised provincial Hospital.—7. Of having attended the Medical Practice of an Hospital or Dispensary during six months.—N.B. Certificates will not be received, in future, on more than one branch of science from one and the same Lecturer—but Anatomy and Physiology, Demonstrations and Dissections, Materia Medica and Botany, will be respectively considered as one branch of science.

ORDER OF ATTENDANCE ON LECTURES, &c., FOR THE OBSERVANCE OF THOSE WHO INTEND TO PASS BOTH THE HALL AND THE COLLEGE.

The following is the best order to be observed in study in complying at one and the same time with the regulations of both the Apothecaries' Society and the College of Surgeons:—

First Winter Session.—Chemistry; Anatomy; Physiology; Anatomical demonstrations in the dissecting-rooms; Materia Medica and Therapeutics; Principles and practice of surgery.

First Summer Session.—Botany; Surgical practice of an hospital.

Second Winter Session.—Anatomy; Physiology; Anatomical demonstrations in the dissecting-rooms; Dissections; Midwifery and diseases of women and children; Principles and practice of medicine; Principles and practice of surgery; Medical and surgical practice of an hospital.

Second Summer Session.—Botany, if not attended during the first Summer Session; Forensic medicine; Practical midwifery; Medical and surgical practice of an hospital.

Third Winter Session.—Dissections; Midwifery and diseases of women and children; Principles and practice of medicine; Medical practice of an hospital or dispensary.

APOTHECARIES' HALL, DUBLIN.

REGULATIONS REGARDING MEDICAL EDUCATION.

Every candidate must undergo two separate examinations, one for "the certificate of apprentice," the other "for the license to practise." No candidate seeking to be examined for the certificate to be apprenticed to an apothecary will be admitted to such examination until he has attained the age of fifteen years. The examination will consist in translating and parsing the following books, viz.—Cæsar's Commentaries, the works of Sallust, the First Six Books of the Æneid of Virgil, the Satires and Epistles of Horace, the Greek Testament, the dialogues of Lucian, and the First Four Books of Homer's Iliad.—Every candidate for "the license to practise" as an apothecary must lay before the Court the following documents: 1. "The certificate of apprentice" obtained from the Court. 2. His indenture of apprenticeship, enrolled according to Act of Parliament, with a certificate signed by the Licentiate to whom he has been indented, that he has fulfilled the period of apprenticeship required by the Act. 3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of the Apothecaries' Hall, or at some other school of medicine recognised by the Court. The order of study here laid down is recommended for the guidance of students:—Chemistry, anatomy and physiology, during six months; Practical

chemistry, botany, three months; Materia medica, demonstrations and dissections, theory and practice of medicine, surgery, midwifery and the diseases of women and children, six months; Forensic medicine, three months. Also a certificate of six months' attendance on the entire practice of a medico-chirurgical hospital recognised by the Court, containing at least 50 beds, and where clinical instruction is regularly given. The examination for the licence to practise as an apothecary will be as follows:—In translating and explaining the processes in the Pharmacopœia and extemporaneous prescriptions. In chemistry and general physics. In materia medica and therapeutics. In natural history and medical botany. In anatomy and physiology. In medicine, midwifery, and toxicology.—According to the Act a rejected candidate cannot be readmitted for examination until the expiration of six months.

NORTH OF ENGLAND ASSOCIATION.

MEDICAL REFORM.

On the 15th inst., the second general meeting of the North of England Medical Association was held in the Athenæum, Carlisle. Dr. Headlam occupied the chair, and opened the proceedings by congratulating the numerous members upon the spirit which was so generally in favour of Medical Reform. After some remarks upon the Vaccination Bill, Mr. Carter read the Annual Report, which, we regret, the press of matter forces us to exclude. It gave a most encouraging account of the Society's progress, and referring to the benefits derivable from a reformation of existing abuses, remarks, that "The public health might be adequately protected, and medical police become a prominent object of cultivation. Sanatory precautions might be adopted in times of pestilential or epidemic diseases; the practice of Pharmacy might be placed under suitable control; and the dangers of Empiricism exposed, and their baneful consequences materially diminished. The country might be supplied with a well-educated and highly-competent body of medical practitioners; and as a registry of all such would be preserved, any man who should assume a title in medicine to which he had no legal claim, would be detected and subjected to punishment."—After several sensible speeches, the resolutions were agreed to. Dr. Elliot read a paper 'On Scientific Medicine, and its Claims upon Society at large,' concluding with the following remarks: "The profession itself, however, must be remodelled. There must be conferred on its members, universally, so high an *education* as to exclude from its ranks the incompetency of which we have complained in others; and it must possess a *constitution* adapted to surrounding social circumstances and wants—according with the nature and spirit of medical science and art, and embracing sound and effective principles of self-government. In these two vital points, of education and of government, will doubtless lie the chief strength and efficiency of the legislative measures that we demand; for in an age daily advancing in intelligence, the relations between regular Medicine and Empiricism will undergo a necessary and spontaneous (although probably a very slow) change, *without legal interference*; and the mass of the people, after much and dearly-bought experience, will gradually withdraw their ill-bestowed patronage from the latter. But no such change can occur without legal interference in the constitution, and in the multifarious, conflicting, and otherwise exceptional operations, of the numerous chartered corporations."

* An Anatomical Season is understood to extend from October to April inclusive, and to comprise at least 140 Lectures on Anatomy and Physiology, occupying not less than one hour each, given on separate days; and at least 100 Demonstrations of the like duration, given in a similar manner; exclusive of Dissections, of which distinct Certificates are required.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISLOCATION OF THE FEMUR—PATELLA—
KNEE-JOINT—ANKLE—FOOT.—DISEASES OF
JOINTS—WHITE SWELLING.—INFLAMMA-
TION OF THE SYNOVIAL MEMBRANE; SYMP-
TOMS AND TREATMENT.—HYDROPS ARTICULI.

Dislocation of the Femur.—The thigh-bone may be dislocated in several directions. It may be carried *upwards and outwards*, so that the head may rest upon the dorsum of the ilium; it may be carried directly outwards and backwards, so that the head may be situated on the sciatic notch; it may be displaced downwards and inwards, so that the head may project against the foramen ovale of the pelvis; and it may be dislocated upwards and forwards, so that the head shall rest upon the horizontal branch of the os pubis, or upon the portion of bone which forms the upper part of the acetabulum. In all these dislocations the orbicular ligament surrounding the head and neck of the bone is necessarily lacerated; the displacement cannot take place without a tearing of that ligament; and it is stated that in all of them excepting the dislocation downwards and forwards, the ligamentum teres which proceeds from the cavity of the acetabulum to the head of the thigh-bone is also torn. I do not know whether this has been ascertained by dissection to be absolutely the fact in every species of luxation excepting that in which the head of the bone rests upon the foramen ovale; however, the ligamentum teres is attached to the notch in the acetabulum, immediately before the foramen ovale, so that the head of the bone can pass over that attachment without a rupture of the ligament.—The most frequent dislocation of the hip-joint is that which takes place upwards and outwards; in which the head of the bone passes out of the socket and rests upon the external surface of the os innominatum. If we were to regard merely the configuration of the acetabulum, we should suppose this to be the least frequent dislocation, because the bony edge of the socket is higher and thicker in that direction, and seems to oppose a more effectual resistance to displacement. However, the degree of force which displaces the lower extremity in that direction is greater than any other to which the limb is liable. When a person, for instance, comes to the ground on his feet in the case of a fall, there is a most violent effect produced; the weight of the body coming on the feet, and the resistance of the surface on which the feet alight, tend necessarily to throw the bone upwards, thus producing the accident, which is more particularly likely to occur if the thigh bone be in a situation of abduction, as the head will usually slip out of its place in the way I have mentioned. When the bone has been displaced in this direction, we find the limb shortened to a greater or less extent, according to the distance to which the head of the thigh-bone has been carried from the socket. The foot is inverted, the foot, leg, and thigh, are all twisted inwards, so that the great toe of the luxated extremity points perhaps to the back of the foot of the opposite side. The knee is generally a little bent, and the limb fixed in its new attitude. At all events the patient cannot, of his own accord, carry the limb, nor can he bear to have it carried, in the direction of extension, or of abduction; and if, indeed, the limb can be moved a little in the direction of flexion and adduction, such motions are only made with great pain. If the patient be thin, an unnatural tumour can be felt on the back of the os innominatum, produced by the displaced head of the bone; but, inasmuch as the bones are covered here by all the glutei muscles, it very frequently happens that you cannot distinguish its head in that situation; neither can you in all cases very clearly ascertain the existence of a deficiency in the acetabulum. These are points which you might suppose would tend very clearly to elucidate the nature of the accident, but you do not find this generally to be so. Shortening, then, of the limb, a rotation inwards of the thigh, leg, and foot, and the fixing of the limb in that attitude, these are the circumstances that

characterize luxation of the hip-joint when the head of the bone is situated on the dorsum of the ilium, when the luxation is outwards and upwards. Perhaps it does not at first view appear clearly why the limb should be rotated inwards, when the head of the thigh-bone is carried outwards upon the dorsum of the ilium. There seems to be no reason why in this case, as in other accidents occurring to the hip-joint, the limb should not be thrown into the attitude in which the action of the principal muscles of the bone would place it. Baron Boyer ascribes this to a cause which probably may be the correct one—to the effect produced by the strong anterior portion of the orbicular ligament of the joint, which proceeds from the upper and anterior portion of the acetabulum to the rough line at the root of the two trochanters. When the bone is thrown upwards, this ligament confines the basis of the neck of the bone towards the acetabulum in this situation, and prevents the bone from being twisted outwards, as the rotators would carry it.—In the *reduction* of this dislocation, it is necessary that you should fix the pelvis, rendering it perfectly immovable, fixed, and steady. If you do not do this, the pelvis will move with the thigh when you come to apply the force of extension to that limb, and of course the extension will not draw the head of the bone down to the acetabulum. The first point then is to secure the pelvis as firmly as possible to some fixed point; this is accomplished by placing a folded cloth, of the kind I have already had occasion to describe, round the pelvis, carrying it over the groin of the dislocated side, making the cloth rest principally on the os pubis and tuberosity of the ischium. This is to be fastened to the post of a bed, or any firm hold. If the patient were lying now before me on his side, supposing this to be a bed, and a cloth were carried round the pelvis, it might be easily fixed to the bed-post, and that would render the pelvis perfectly firm and steady. Then the cloths, or the pulleys, by which the extension is to be made, are fixed to the lower end of the thigh-bone, just above the condyles, and the extension is to be made in a line exactly opposite to the point at which the pelvis is fixed, the direction in which the extension is carried being rather higher than the situation of the pelvis, not exactly in a direction with it; because, if you carry it a little higher, the head of the bone will be brought in such a direction as will permit it easily to slip over the edge of the acetabulum. When the patient has been thus prepared, the pelvis being fastened on the one side, and the apparatus of extension being fixed above the knee in the other direction, the extension begins; and when the head of the bone is drawn down towards the acetabulum, you have another point to accomplish, which is that of elevating the upper end of the bone, as it advances towards the acetabulum, so as to raise the head of the bone into the socket. That is done with a folded napkin fixed in the bend of the thigh by the surgeon, who lifts it up when he finds the head of the bone has just got to the edge of the socket. There are three points then to be attended to in this reduction; the fixing of the pelvis, the extension which is to be made in a manner calculated to draw the head of the bone down to the acetabulum, and the elevation of the upper end of the bone in such a manner as is calculated to lift it over the margin of the socket. The reduction of this dislocation is thus made very simple. You require that the pelvis should be fixed in one direction, that then extension should be carried in a line rather higher than the plane on which the pelvis lies, and that the head of the thigh-bone should be elevated, making a lever of it, in order to direct the head of the bone into the socket again. The height of the bony margin of the acetabulum, and the power of the muscles which surround this joint in all directions, render it necessary in general to employ a considerable power in reducing dislocation of the hip-joint. I should recommend you, therefore, by no means to attempt this reduction, without having previously weakened the muscular power by a copious bleeding, followed up by a large dose of antimony, so as to produce sickness. I should recommend you not to attempt it, without having the power at command which is conferred by the use of the pulleys.

It is necessary, and so you will find, that you should derive all the help which you can from these sources. When the thigh-bone is dislocated so as to lie on the ischiatic notch, the principles of reduction are essentially the same, except that the extension must be made in a rather different direction. In the dislocation of the head of the thigh-bone upon the dorsum of the ilium, the direction of the extension for the purpose of reduction is near about across the knee of the sound side; but when the head of the bone is situated on the ischiatic notch, the direction of the extending force must be across the lower third of the sound thigh. The limb is more bent with reference to the pelvis, and that makes the difference in the mode of performing this reduction. There is also greater difficulty in the reduction of this luxation; the ischiatic notch presents an excavation into which the head of the bone is received, and in a manner lodged, so that you have greater difficulty in drawing it out of that notch than in drawing it downwards in a pretty uniform descent from the dorsum of the ilium.—In the *dislocation* of the thigh-bone *downwards and inwards*, the length of the limb is a little increased. The foramen ovale is situated rather below the acetabulum, so that when the head of the thigh-bone rests upon it, you have a slight increase in the length of the limb. The foot and the lower extremity generally are either in the state between inversion and eversion, or perhaps are a little everted—thrown a little into the direction in which the limb is seen in the case of fracture of the neck of the thigh-bone. You cannot, however, make any mistake between those two descriptions of accidents, for in the latter, the limb is shortened; whereas in the dislocation I am now considering the limb is lengthened. In the case of fracture of the neck of the thigh-bone, you can draw the limb into its proper situation, and it will again pass into its unnatural position; but in the case of the present luxation, the bone is fixed in its unnatural situation.—In reducing this dislocation also the pelvis must be fixed. The extension may be applied to the lower end of the bone, as in the other species of dislocation; but when the limb has been a little extended, you then find it necessary to direct the superior end of the bone upwards and outwards, so as to lift its head over the edge of the acetabulum into the socket; indeed, this kind of extension may be performed by applying the force to the upper part of the thigh, if a broad band be carried round the upper part, just below the bend of the thigh, and extension be made at right angles to this upper portion, then let the surgeon, at the time the extension begins to operate, carry the knee of the dislocated limb across the opposite side further than it was before the operation commenced. I have seen a dislocation of the head of the thigh-bone into the foramen ovale reduced by extension into that direction; in fact, it requires very little extension in the other direction at all. This situation of the bone which I now show you is that in which it is found, and almost by moving the bone across the other limb, while you have a pretty strong force applied to the upper portion of the bone, you bring it back into its natural position.—When the bone is *dislocated upwards*, whether its head lies on this broad surface of the os innominatum in front of the acetabulum, or just in front of the upper part of the acetabulum, it makes so very unnatural and so very conspicuous a prominence in the bend of the thigh, that the nature of the accident must be at once detected. It is, however, mentioned by Sir Astley Cooper, that he has met with three instances of this dislocation where it had been unreduced, in which, no doubt, the nature of the accident had not been noticed, and where the limb had remained permanently in the luxated state.—For reducing this dislocation, it is necessary to make the extension in a line a little behind the axis of the body; draw the head of the bone downwards towards the acetabulum, and when the extension has acted a little, in this case as in the others, by means of the napkin under the upper part of the bone, you elevate the head, so as to give it a direction towards the acetabulum, when it slips in.—Now, with respect to the proportionate numbers in which these several dislocations occur, Sir Astley Cooper states, that in twenty

cases of dislocation of the thigh-bone, you may have twelve cases in which the head rests on the dorsum of the ilium, five of dislocation on the ischiatic notch, two of dislocation on the foramen ovale, and one of dislocation upwards.

The *patella* admits of *dislocation*; it may be dislocated outwards, so that its articular surface will be against the surface of the external condyle of the femur; or it may be dislocated inwards. Looking at the femur you will see how much higher the external edge of the trochlea is than the internal, and you would be inclined to think that the patella would much more readily slip over on the inside than on the outside; yet in point of fact the dislocation of the patella *outwards* is much the more common of the two. The dislocation may be incomplete; that is, it may be partially separated from the two condyles of the femur; or it may go over either of them completely. Many of these dislocations are of so inconsiderable a kind, that some accidental movement of the patient, or some intended effort, is apt to replace the dislocation before the surgeon arrives; or if the reduction have not taken place, it is very easily performed by the surgeon. Extend the leg, and bring the thigh into a complete state of flexion upon the pelvis, so as to relax to the utmost extent the muscles which are inserted into the patella; then, by pushing against the edge of the patella which is furthest from the trochlea, you carry it into its proper position. I have known of no instance in which difficulty has occurred in the reduction of a dislocated patella, but I should observe, that in most instances in which I have become acquainted with the accident, the replacement has been accomplished before I have seen the patient. It is said, however, that a good deal of difficulty takes place in some cases. I hardly see how that can be; but at all events I know of no mode of overcoming it but by relaxing the muscles, which are inserted into the patella, to the utmost possible extent, and then I should think the finger and thumb of the surgeon might be adequate to push the patella into its place, whatever kind of dislocation may have happened.

Dislocation of the Knee-joint.—The articular surface by which the femur is joined to the tibia is so broad, and the bones are tied together by ligaments of such considerable strength, that dislocation of the *knee-joint* is an uncommon accident. It may, however, take place, particularly dislocation *backwards*, which is the most frequent. It may be dislocated forwards, though this accident can hardly take place completely, although the joint may be dislocated completely backwards. Partial dislocation, also, may take place from one side to the other in either direction, all these accidents being the result of great force, and attended with violent bruising, perhaps laceration, and even fracture of the thigh-bone. All you can do in a case of this kind is, to restore the dislocated bones to their proper position, which is easily accomplished by extension. Place the limb in the straight position, and adopt all the means that are necessary to prevent the occurrence of inflammation. With this care, accidents which have borne a very serious appearance (for the displacement of a joint like this, independently of any other injury, would be attended with such distortion of the limb as must give it a very serious appearance) have been known to do well with more or less use of the limb or of the joint.

Dislocation of the Ankle.—The *ankle-joint* is much more liable to luxation than the knee-joint, for reasons which will be very obvious. The tibia may be dislocated inwards; it may pass off the articular surface of the astragalus, so as to make an unnatural projection on the inside of the foot, the foot being at the same time turned outwards, so that if placed on the ground after this accident, it would rest on the inner edge, the sole of the foot being turned outward in consequence of the accident. This eversion of the sole, the direction of the internal margin of the foot towards the ground, and the unnatural prominence of the ankle by the projection of the lower end of the bone against the integuments, constitute circumstances that must point out the nature of the accident.—The tibia and fibula may be dislocated in the opposite direction, that is, the tibia and fibula may be thrown

off the astragalus, so as to project externally—towards the outside, and then the foot is turned in the opposite direction; that is, the sole of the foot is turned inwards, and the outer edge of the foot is directed towards the ground. In this latter accident, the tibia is almost always *fractured*. Most cases also of dislocation of the tibia inwards, are attended with fracture of the fibula a little above the joint; sometimes that portion of the fibula which constitutes the external malleolus, undergoes fracture in the same accident.—The reduction in either of these cases is not difficult: the knee must be placed in the bent position, for this will relax the two ends of the gastrocnemius muscle. The leg must be firmly held by one assistant or more, and the surgeon grasping the anterior part of the foot with the one hand, and the heel with the other, brings the foot forcibly into a state of extension, until it arrives at its right bearing with the leg. The limb must then be laid on its side, the foot supported, and the leg and foot placed on the ordinary kind of splint, which is furnished with a foot-piece; it may be necessary to have a splint furnished with a foot-piece on the other side also, to retain the foot in its situation, and to keep it in its proper bearing with the leg; for the extensive laceration of the ligaments in those cases, renders the recurrence of the dislocation very easy. When you have brought the foot into its proper situation, you have accomplished but a part of your duty; you have to put the foot and leg in such a situation with the splints, as will prevent the displacement taking place again.—The tibia and fibula may be dislocated forwards upon the astragalus; may quit the surface of the astragalus altogether, and come forward upon the bones of the foot. The shortening of the anterior part of the foot, which takes place in this accident, and the apparent lengthening of the heel, show pretty clearly the nature of the occurrence. The replacement is easily effected. It sometimes happens, that the bones of the leg are luxated forwards partially; they do not entirely quit their proper bearing upon the bones of the foot; the inferior articular surface of the tibia rests partly upon the articular surface of the astragalus, and partly upon the anterior prominence of this bone, and upon the os naviculare in front of it. Now this is an accident which may be easily overlooked, for it does not cause in the first instance any marked deformity of the foot; it is attended with a shortening anteriorly; that is, the distance between the anterior end of the tibia and the toes is shorter than is natural, and there is also an unnatural prominence of the tibia upon the dorsum of the foot; there is an unusual distance between the tibia and the heel; the heel is drawn up, and the foot is slightly pointing downwards. When you come to look at the back of the leg, you will see a much greater concavity near the heel than is natural. In the usual state, the tendo-achillis forms nearly a straight line above the heel, but on the occurrence of this accident, you find a concavity instead of a straight line. Now although these circumstances are obvious enough when you are aware of the accident, they are altogether so inconsiderable, and the nature of the accident is so concealed, that they may easily escape the eye immediately after its occurrence. The consequence of this is, that the bones become fixed in their unnatural situation, considerable deformity ensues, and the motions of the foot are restricted; the heel does not come to the ground, the foot is pointed downwards, and there is very little motion in the ankle-joint.—There would be no difficulty in replacing the bones, if the nature of the accident were recognised immediately after its occurrence, and the probability of non-detection of it, in the first instance, should render you very attentive to all the *minutiae* of accidents occurring about the ankle-joint, where there is any apparent obscurity. It should lead you to be careful (supposing there is no fracture of the tibia or other accident of that kind) that the foot is brought into such a position after replacement, that you may be able to move it in every direction of which the joint admits. If you do that, of course no subsequent deformity can result.—I should mention to you, that this partial luxation forwards is usually attended, as are many of the accidents about this joint, with fracture of the fibula.—Now, *compound*

luxations of the ankle-joint are not uncommon, and when you recollect that the lower part of the tibia and ankle-joint is merely covered by integuments, when you recollect that this thick bone is pushed off its natural bearing on the astragalus, and comes to be placed between the inner edge of the astragalus and the skin above it, and that the weight of the body must press upon it when thus situated, you will easily conceive how compound dislocations happen. Compound dislocation of the ankle-joint with protrusion on the inside, is by no means uncommon. Sometimes this occurrence is complicated with compound fracture of one of the bones, adding very much to the apparent seriousness of the case, and of course, to the chance of subsequent stiffness in the joint.—Heretofore this was a case that was deemed a proper one for amputation, but of late years we have learned, that if the bones be replaced, if the external wound be united, if the foot be brought into its proper position, if the limb be then placed in splints, on which it is kept motionless, the foot and leg being kept in their proper bearings, and judicious means adopted to obviate the occurrence of the inflammation, which in many cases is the consequence of such an injury, the wound unites, and in some instances the complete use of the joint is regained. When I say that this used to be deemed a case for amputation, I should add, that though this was, I believe, the general practice in accidents of this kind, no doubt it occasionally occurred, that patients would not consent to the loss of a limb for an accident of this kind, and then the surgeons necessarily made an effort to save it. In some such instances, it happened that the limb *was* saved, and thus the refusal led to a knowledge of the fact, that amputation was not *always* necessary. What then should be the *treatment* in a case of this kind? In addition to the general directions I have given you, you should close the external wound, and take all the pains in your power to put it in a situation the most favourable for union by adhesion or by granulation. Sir A. Cooper particularly recommends in this case, lint dipped in the blood to be laid over the wound, and letting it dry there so as to form a firm, hard case, under which it very frequently happens, that the soft parts unite by adhesion, and the accident is converted into a simple dislocation; or, if this do not take place, a slight suppuration forms, and, after a time, it may be necessary to lift up a little of the lint at one edge, for the purpose of letting out a little of the matter. The application of evaporating lotions to the part generally tends to prevent the occurrence of suppuration.

Sometimes there is a comminuted fracture of the tibia or fibula, in conjunction with an accident of this kind; but the general remarks I have made to you, with respect to the treatment, will show you the course you ought to follow when this is the case. The comminuted fracture of the tibia, in conjunction with a compound luxation, would not of itself be a reason for amputation. In a person of good constitution, where the laceration of the external parts was not very considerable, where there was no artery of importance wounded, you might still attempt to save the limb. It might be necessary to remove portions of bone, if any were completely detached, afterwards adopting the treatment I have mentioned.—It becomes a question what ought to be done when the protruded portion of the bone cannot be replaced. Supposing you have a compound luxation of the ankle-joint with the tibia projecting, and that you cannot get the bone back again, that it is closely girded by the edges of the wound,—you might, perhaps, enlarge the wound a little. But there are instances, in which you either cannot get the bone replaced, or in which, after replacement, it becomes again luxated. In some of these instances, Sir A. Cooper has strongly recommended sawing off the protruded portion of the tibia. In his work on fractures and dislocations of the joints, he has recounted several instances in which the limb has been saved under these circumstances; the consequence of course being, that the use of the limb was in a considerable degree impaired. But, still, the limb was saved in a state which was considered preferable, probably both by the patient and the surgeon, to a wooden leg. At all events, these cases show

that the limb may occasionally be preserved; and this suggestion respecting saving off the projecting portion of the tibia may be extended to other instances, in which the protruding bone cannot be replaced.

Dislocation of the Foot.—There are some instances, in which the *astragalus* has become dislocated, and in which it has become so completely dislocated, that the surgeon has removed it, dissected it out, and then placed the foot as nearly as possible in the natural situation; such cases have done tolerably well. There is a singular instance related by Baron Boyer, in which it appears the *astragalus* had been completely separated from all its surrounding attachments. It was in the case of a luxation, where, after a time, the separated *astragalus* protruded on the inside of the foot. The integuments became red, swelled, and ulcerated, and, in fact, the bone made its way out. Here is a representation of the case. The *astragalus* came out.—The other bones of the *tarsus* do not admit of dislocation with relation to each other; and I believe we hardly know an instance of dislocation of the *toes*.

White swelling.—You have seen that the *joints* undergo inflammation in consequence of injury, and that they possess the power of repairing the effects of such injury. They are also liable to various forms of disease. The joints are composed of parts dissimilar in structure; that is, they are made up of bone, cartilages, synovial membrane, and ligament. Now each of those component parts is subject to particular diseases. Disease may commence in either of them; but they are so closely connected together in the formation of the joints, that when disease begins in one, it very soon extends to the others. It not only extends to the various parts that compose the joint, but also to the external soft parts which immediately surround it; so that although the disease at its commencement may have been confined to one of the structures entering into the composition of a joint, yet, after some time, it usually involves the whole of the articulation.—The joints are liable to inflammatory attacks both of the acute and of the chronic description, perhaps more frequently to the latter than the former; in most of these cases there is enlargement of the affected part, which, nevertheless, retained its natural colour and appearance; hence the swellings that are thus produced have been called, in common language, *white swellings*; a term given to various affections of the joints in which there is enlargement, without alteration of the natural colour of the part; and the term *white swelling* merely denotes this circumstance—increase of bulk, without change of colour in the part. The French name their swellings *tumeur blanche*, which is perfectly analogous to the English term *white swelling*; they have sometimes been called *spina ventosa*, a term to which I have already had occasion to allude. It has no definite sense, and originally, I believe, was by no means applied to *white swelling* of the joints. The term *white swelling* cannot be very conveniently retained, because it embraces various affections of the joints, differing considerably from each other, differing considerably with respect to the structure which is primarily affected.

The Synovial Membrane is frequently the seat of Inflammation.—This membrane, in certain points, is analogous in its structure to the serous membrane; it has a smooth and polished internal surface, which facilitates the motions of the joint, and from which a fluid secretion takes place. By means of this fluid, the articular ends of the bones are lubricated, and enabled to move upon each other with great facility. The synovial membrane is also analogous to the serous membrane in this circumstance, that they both form complete cavities—that they have no external outlets. But the analogy between the two descriptions of membrane does not hold with respect to disease. The serous membranes are particularly liable to that form of inflammation which has been called the *adhesive*, in the progress of which coagulating lymph is effused, constituting particular adhesions in the cavity. The synovial membranes, on the contrary, are more analogous to the mucous membranes of the body in this respect, which are characterised, not by the lymph which they effuse when inflamed,

but by the increase in quantity, and alteration in quality of the fluid, that they naturally exhale. The circumstances which particularly therefore characterise inflammation of the synovial membrane, are, increase in the quantity of the synovial secretion, and enlargement of the joint. In consequence of the increased exhalation of the synovial fluid distending its cavity, the joint becomes enlarged.—Inflammation of the synovial membrane is produced by accidental causes, such as a bruise, a blow upon the joint, or by that kind of injury which is termed a *sprain*, and it very frequently occurs in persons of a rheumatic constitution, from those causes which are capable of producing the various rheumatic affections, that is, exposure to cold and damp; and it is not uncommonly produced in individuals of a similar constitution, in conjunction with, or in succession to other forms of rheumatic affection, in consequence of the excitement occasioned by gonorrhœa. Inflammation of the synovial membrane of various joints will take place in persons of rheumatic constitution as a consequence of gonorrhœa, a circumstance which I have already had occasion to mention.—The *symptoms* of inflammation of the synovial membrane are, in the first place, stiffness of the affected joint. I may mention to you that the knee-joint (which is one of the largest articulations of the body, which is situated the nearest to the surface, and is the most exposed to external influence) is that in which inflammation of the synovial membrane is most frequently observed. We find then that the patient in the first instance experiences a degree of stiffness in moving the joint: he perceives that the joint is puffed or swelled, and he finds it hotter than natural; there is a sensation of heat about it; it is felt to be warmer than the joint on the other side, and upon examination the hand of the surgeon detects an increase of heat. Stiffness then, or imperfection of motion, swelling, and some increase of heat in the part, are the symptoms which, in the first place, denote inflammation of the synovial membrane.—When we come to examine the swelling, we find that it is soft, that we can detect fluctuation in the tumour. We can ascertain by examination, that the tumefaction arises from the effusion of fluid into the cavity of the joint. If we place the two hands upon the two sides of the joint, particularly towards its upper part, we find we can press the fluid which produces the enlargement from one side to the other; and if we make pressure with one hand on the opposite end of the joint, putting the other hand on the lower part, particularly towards the patella, we can find a fluctuation, we can ascertain that the cause of the tumour is not any general enlargement, but that it arises from the increase of fluid in the articular cavity. With respect to the fluctuation, however, we perceive that cases of this kind differ materially. In some instances, the tumefaction of the joint is quite soft, and we can very easily detect the fluid; we can move it from one part to the other; by pressing on the tumour above, we elevate the patella from its situation, actually lift it up from the trochlea of the os femoris, and there by pressure upon it, can push it down again into a sort of cavity. In some cases, the swelling feels much harder, and there are some cases, where the inflammation is violent and has proceeded rapidly, in which the swelling is so firm as to afford but a slight sensation of tumefaction to the hand. I have seen cases, which, from the tension produced by the large quantity of fluid, have quite deceived me, and have presented all the characters of a solid tumour. However, on cautiously examining those cases, more particularly if the knee is put as much as possible into the extended state, so as to relax the extensor muscles, you will be able to detect the nature of the tumour, although, at first, it may give you the impression that it is solid.—After a short time, the inflammation of the synovial membrane abates, the fluid that has been effused into the joint is absorbed, the swelling lessens, ultimately entirely disappears, and the joint is left with all its former freedom of motion; the complaint comes to a natural termination. In other instances the effused fluid is absorbed, the swelling of the joint is consequently diminished, but does not go down entirely; a degree of thickening is

left, severe stiffness of motion remains, and the patient finds that he cannot use the part by any means so freely as he did before. In some instances the complaint assumes quite a chronic character. The joint remains distended with fluid for several weeks, or even for several months, sometimes a little more, sometimes a little less, but remaining considerably enlarged during the whole time, and that enlargement distinctly, obviously owing to the presence of the fluid, which can be ascertained by the hand. There are some instances in which, after the distention and the distinct observation of the fluid, absorption takes place, the joint recovers its natural size; but in a short time the effusion is reproduced, and successive attacks take place.—The treatment of inflammation of the synovial membrane is very simple; it consists in rest of the affected joint, and the general employment of the antiphlogistic plan. You must take blood from the affected part by leeches or by cupping, perhaps, in the first place, by the former, and subsequently by the latter. This loss of blood must be repeated according to the necessity of the case. You then apply lotions to the affected joint. Sometimes you are obliged to change these for fomentations and poultices; adopting such other treatment with respect to the use of purgative medicines and diet, as will be suitable with those measures. In cases of a rheumatic disposition, you may employ the *colchicum*, or, at all events, combine the *vinum colchici* with the aperient medicines. The antiphlogistic treatment very often puts an end to all the inflammatory symptoms; it removes the pain and heat, diminishes the swelling, and enables the patient to move the limb more easily, though the joint remains distended by synovial fluid: the effusion is not completely removed under the antiphlogistic plan, and we are obliged to have recourse afterwards to counter-irritation. The most effective mode of applying this, is by the use of blisters. You may apply a blister of a good size in the shape of a horse-shoe, above the knee, the concavity of the horse-shoe being left for the situation of the patella, or a blister of a good size on either side of the knee-joint. Friction of the knee-joint generally, by stimulating liniments, is perhaps a rather less effective mode of accomplishing the same end. You may use the common liniment—linimentum camphoræ compositum, or that liniment combined with a large quantity of ammonia, or of the tinctura lyttæ. An ounce and a half of olive-oil and half an ounce of sulphuric acid are recommended to be rubbed over the part by Sir Benjamin Brodie. The tartrate of antimony has been used as an external friction. The tincture of iodine has been recommended for external friction, combined with the linimentum saponis, in the proportion of a drachm to an ounce. In cases in which some degree of heat in the parts remains, with more or less stiffness of the joint, after the employment of the means I have mentioned, considerable benefit is derived from the application of a roller to the joint externally. By surrounding the joint externally with strips of plaster, common soap plaster, or the emplastrum plumbi, and applying a common roller over that, advantage may be derived. Such cases may be benefited also in some degree by the plan of dry rubbing, by friction with the hand, using perhaps a little flour, or something of that kind, to protect the external parts from the immediate effects of the friction.

Hydrops Articulæ.—It sometimes happens that the joint remains permanently distended with fluid in consequence of an increased secretion from the synovial membrane. In this state of the joint, where there is no longer any fear of active inflammation, where there is no pain, no redness, and not much stiffness, but in which the joint is permanently enlarged by the effusion, the disease is called *hydrops articulæ*. In such instances we have, in the first place, to ascertain whether or not there are any remains of inflammation, and to remove them if they exist. If there be none we must adopt counter-irritation; friction, pressure on the part by strips of plaster, bandages, &c., as I have already described, are the best. In instances of effusion into the joint where it has been neglected and considerably distended for a length of time, some difficulty is experienced in removing the enlargement, and I have seen patients who have had

this distention for many years, but who could nevertheless use the affected limbs tolerably well. I have not always succeeded in getting rid of the fluid and of restoring the joint to its natural size.

Change of Structure, thickening, and suppuration of the Synovial Membrane.—The synovial membrane is liable to a change of structure, in which it becomes very considerably thickened. This membrane, which in the natural state is a very thin, flaccid, and semi-transparent membrane, acquires the thickness of half or three-quarters of an inch, and becomes of a tolerably firm, fibrous structure. It is of a pale, brownish-red colour on its articular surface. The affection commences slowly, and is incidental to the adult. It commences with more or less pain and stiffness in the joint, which very soon after is found to be enlarged, and gradually augments in size still further. On examining the swelling in these cases, it is found to be elastic to the touch, not like the tumefaction of the synovial membrane arising from the effusion of fluid into the joint, but soft and rather elastic. The pain in these cases is considerable. If the patient proceed to use the joint in spite of the stiffness and pain, very considerable uneasiness is experienced, and if much employed, if the affection have lasted for some weeks or for some months, suppuration in many cases takes place in some part of the thickened membrane, which discharges itself externally, the opening generally remaining fistulous. Sometimes formations of matter take place in other parts, and thus you have at last fistulous openings in various parts of the joint.—The constitution suffers while this is going on. The patient (more particularly when the stage of suppuration arrives) loses his appetite, his rest, and his flesh; the state which is sometimes termed hectic supervenes; and if the affection be not effectually put a stop to by amputation of the affected part, the patient most probably sinks under the disease.—When the joint has been amputated, it is found, perhaps, on cutting into the cavity, that there is matter of some kind within, and that the synovial membrane is converted into the texture I have just mentioned. The surface of the membrane which is towards the joint, presents a pale reddish-brown colour, and is unequally granulated,—is very irregular. When we come to make sections through it, the thickness which I have just mentioned is discovered, and the structure is found to be pulpy; but on cutting through it, and looking at the surface, there is observed more or less of the appearance of absorption, in connexion with this change of structure. Now, this is not confined to the part which passes between the articulation forming the bag; we find, in many instances, that it extends to the reflected part of the synovial membrane; and that the thin and almost imaginary portion of the membrane which covers the articular cartilages of the joint is concealed by it, so that a considerable part seems quite hidden by a kind of red flesh growing over it. The ligaments, perhaps, are free from disease, and so perhaps are the cartilages; at all events if either are affected, it will be the cartilages.—The ordinary plans of treatment seems to possess very little efficacy in this peculiar state of degeneration of the structure of the synovial membrane. Mild antiphlogistic means may occasionally produce some benefit by alleviating particular symptoms, and there may be occasional inflammations, which the local loss of blood will remove; in the formation of matter also, you may derive advantage from fomentations or poultices, and rest, of course, as in all other affections of the joints, is advantageous; but none of these measures have the power of arresting the progress of the affection, and the effect of counter-irritation seems to fail. It is observed by Sir B. Brodie, to whom we are indebted for first pointing out this particular affection, that the change in joints proceeds regularly, goes from bad to worse, terminating ultimately in those repeated formations of abscesses about the joint which excite hectic fever, and that the affection proceeds regularly in this way, unless it be arrested by the removal of the affected part. He seems to be of opinion, that medical treatment has no power whatever to arrest this particular change. I do not know whether the experience we at present possess, is quite sufficient to authorize this

conclusion; quite sufficient to induce us to acquiesce in the assertion, that we have no power whatever over this particular affection; but, certainly, as far as my own observations have gone, in the cases which I have seen, the progress of the disease has accorded very much with what Sir B. Brodie has described; I have been led, therefore, to suppose, that in most instances, the mode of treatment which may be employed with advantage in other cases, possesses very little power over this affection, the necessity ultimately arising to perform amputation of the joint.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.—SEPT. 8.

Abscess in the Brain. CASIMER BROUSAIS.—A man entered the ward of the *Val de Grace*, on the 1st of August, with signs of gastric irritation, of six days standing. On the 6th the symptoms were sufficiently abated to allow of his taking food; but on the 7th he was attacked with hemiplegia on the right side, for which he was bled. On the 8th the bleeding was repeated; the blood was buffy. From this period to the 22nd he was in a comatose state, but no paralysis was remarked, on the contrary, the right side of the neck was sometimes spasmodically contracted, and at night he had epileptic attacks. On the 22nd the man became sensible, and answered questions, although with some difficulty. He could move a little in his bed, had begun to take food; but on the 28th his coma returned, and he died on the following day.—On dissection, 240 grammes (nearly 8 ounces) of green purulent serum was found in the arachnoid cavity. A vast abscess was found on the right side of the surface of the brain (on the same side as the paralysis), but another smaller abscess was found on the left surface. The dura mater, and the arachnoid membranes, were in general adherent, and the latter adhered also to the cerebrum.

SEPTEMBER 15.

Non Contagion of Plague.—M. Renaut adverted to an admirable memoir on the non-contagion of plague, and the mode of its propagation, presented by M. Eusebe de Salle. The speaker, who had been appointed one of the commissioners for the report on that memoir, declined the task in consequence of the identity of his opinion with those of the author.—M. PARISOT and M. ROCHOUX also declined to report; one of them in consequence of his being of an adverse opinion to the author.

On the Capillary Circulation.—M. DUBOIS (d'Amiens), read a paper on this subject, which was listened to with great interest. Its object is to show the real cause and the mechanism of the normal circulation in the capillary vessels. The existing opinions on this subject may be reduced to three—1st, the heart is considered to act as sole motor; 2nd, the heart is assisted by the muscular contraction of the capillaries; 3rd, the blood has a spontaneous movement. The ideas of Harvey, Haller, Bichat, Doellinger, Haltenbrunner, Burdaek, Magendie, Gerdy, are successively examined by the author. The spontaneous movement of the blood is considered to be a phantom. The partisans of that doctrine are supported by illusions and false interpretations. The opinion which consists in explaining the propulsion of the blood by the capillaries, supposes incessant contractions on the part of the vessels; but if we examine with attention the flow of blood in these tubes, we shall perceive that in a normal state the current is neither precipitated nor slackened by any movement of the capillaries, or of the animal substance. By the microscope we perceive two parallel lines for the two orders of capillaries, without any change in the

direction or situation of the liquid.—The author inquires where the isochronous movements of the arterial ramifications cease, and in what part of the capillary system do the traces cease.—This question seems difficult of solution. In the capillary currents deprived of special coverings, the flow of blood seems to be effected with excessive rapidity, but the animal matter which serves for its channel is as motionless and passive as the coats of the principal capillaries. It is, says M. Dubois, an admirable sight to explore the capillary circulation either in the interdental space of frogs, or in the mesentery of animals, for instance, of young white mice. Hunter passed hours in contemplating this object. We perceive the arterial capillaries darting forwards, with prodigious rapidity and uniformity, their floods of globules; on the other hand, the larger venous capillaries take up the same globules with almost equal velocity. The rapidity of this projection is carefully studied by M. Dubois; but the only positive conclusion he has attained is, that the movement is less rapid in the venous capillaries than in the arterial; but in addition to the movement of projection, there are globular movements of rotation which have occasionally led to strange illusions.—M. Dubois concludes, that it is in the capillary network that the heart has the greatest difficulty to encounter. It is in this system we observe oscillations, jerks, retrograde movements, and suppressions. In the great trunks, it is one column of blood which propels another; not so in the capillaries, there the blood has special functions to perform—it has not only to pass from the arterial capillary into the venous, but to sojourn in the reticulated canals. The author rejects the opinion of Bichat on nutrition as hypothetical, and contrary to direct observation.—M. ROCHOUX expressed his opinion that M. Dubois had not sufficiently taken account of the nervous influence, especially of the great sympathetic in the capillary circulation. He adduced experiments, which prove that the division of certain ramifications of this nerve paralyse the circulation of the extreme vessels. That influence may possibly be explained by the currents which exist in the nervous filaments accompanying the capillary vessels to their very extremities. M. Dubois replied, that he would speak upon this subject in the pathological part of his memoir.—M. BRESCHET denies that the nervous currents are electric or galvanic. Experiments which he has recently made in conjunction with M. Beequerel, have proved that these currents, if they exist, are not sensible to the most delicate galvanometer.

M. GERDY read a *Memoir on the Phenomenon of Vision*.—He attempts to show by facts that the ocular organ presents something more than the condition of a camera obscura. Natural philosophers, who established the notions generally received, took no account of the vitality of the organ. They did not reflect, that in many animals whose vision is as perfect as that of man, the pretended camera obscura is converted into a lighted chamber, inasmuch as instead of a black choroid, the membrane is silvery.—M. ROCHOUX gave details of facts observed by him, as to the eyes of several insects, particularly of the fly.

NUNBNESS SUCCEEDING TYPHUS FEVER.—In our last number we reported a case of this kind from Dr. Foley of Kilrush: there are two similar cases now under treatment in Limerick; one a man, under the care of Dr. Rane, and the other, a young girl, under the care of Dr. Eere; she had been a patient of Dr. Vereker in the Limerick Fever Hospital.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Treatise on the Function and Diseases of the Unimpregnated Womb. With Plates. By C. Waller, M.D., &c. Pp. 200. Churchill.

Cursorry Notes on the Morbid Eye. By R. Hull, M.D., &c. Pp. 249. Longman.

A Companion to the Medicine Chest. By J. Savory, L.A.C. Second Edition. Pp. 132. Churchill.

Second Annual Report of the Registrar-General of Births, Deaths, and Marriages. Folio. Pp. 130.

On the Cure of Squinting by the division of one of the straight Muscles of the Eye, &c. By C. W. Guthrie, jun. Fourth Edition. Pp. 18. Churchill.

Anatomy and Diseases of the Urinary and Sexual Organs. By G. J. Guthrie, F.R.S. &c. Pp. 284. Churchill.

Directions for using Philosophical Apparatus. By E. M. Clarke. Pp. 72.

A Practical Treatise on the Management and Diseases of Children. By R. T. Evanson, M.D., and H. Maunsell, M.D. 3rd Edition. Pp. 498. Dublin: Fannin.

G. is thanked for his suggestion and kind offer—an extra paper shall be sent, as well as the back numbers. The report will be most acceptable.

Correspondents whose communications are delayed, must not conceive themselves forgotten, or their labours slighted; but first come, first served is the proverb.

A Woolwich Correspondent says—"It is certainly worth any Medical Reformer's trouble to take a prospective and retrospective view of medical affairs. A few years ago, Mr. Wakley created a kind of Medical College, in opposition to the old ones—at which any person might buy, for a few sovereigns, a piece of paper, called a diploma. Being unauthorized by law, the paper was valueless, and the fool who bought it a few pounds minus. The scheme quickly died a natural death, doing no farther mischief; but now things take a very different aspect—Mr. Wakley, after abusing for upwards of twenty years the college of which he boasts himself a member, and by his seductive casuistry causing some thousands of respectable medical men to start in practice without the diploma of the College, it being, as he often termed it, a worthless document, waste of money, &c., appears now about to desert his victims, and leave them in a hopeless state of exclusion from all medical offices, except that of apothecaries to charities, at the salary (perhaps) of a pound a week. I am led to think this, from what appeared about six or seven weeks since in the *Lancet*: it stated that a deputation waited on Mr. Warburton, to inquire into his views concerning his new Medical Reform Bill!—to which Mr. W. replied, "that all the old institutions would remain untouched, but that a new one would be added, and that he did not expect it would give satisfaction to any party." This is consoling certainly—Mr. Warburton considers, or rather did consider seven years since, that so great and so many were the abuses and anomalies in the profession, as to require a Committee of the House of Commons, which was appointed, and cost the country many thousands. After the conclusion of their labours, Mr. W. requires five years to report, and get up a bill to his liking—calculated to please nobody! Well done, Mr. Warburton! had you and your friend Mr. Wakley been co-proprietors of a thimble-rig or prick-in-the-garter table, you could not have gulled the natives more completely."

FOUR EXTRA PAGES are given GRATIS with the present number of the 'Medical Times,' containing a Title-page and Index to the volume just concluded. We have chosen to bear this expense ourselves, rather than follow the example of our contemporaries, by extorting an extra payment when convenience or cupidity might suggest an enlarged sheet.

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THE MEDICAL TIMES.

A NEW VOLUME—CHARACTER AND INTENTIONS OF THE "MEDICAL TIMES."

WITH October a flood of important topics press forward for attention. The present number contains the Warburtonian "Medical Reform Bill," the unwieldy proportions of which, added to the space of necessity occupied by the Regulations of the Examining Bodies, has left no room for present comment upon its propositions. Reserving, therefore, for a week that topic, we may, with the commencement of a new volume and a new session, perform a grateful task, by rendering thanks for past support, and say something as to further encouragement and extended usefulness. We have not now to prove that our Journal was needed,—its success has settled that point,—or to point out either the excellencies or the defects of our contemporaries. Our path has been before untrodden, and in proof, it is sufficient to state that the "Medical Times" is the cheapest medical journal ever offered to the profession or the public. Our weekly brethren charge eightpence for two sheets, we give a sheet and a half for three-pence, and the value of the matter a reference to our table of contents will serve to establish. For the trifling subscription our purchaser receives one complete course of first-rate lectures; other sets of detached lectures by the most celebrated Native and Foreign Practitioners, all the medical news of the day, (and this generally earlier than any other paper,) with comments on the political questions before the public, sketches of character, and every species of information collected from the daily, weekly, monthly, and quarterly publications, likely to be interesting or useful to our readers. We unite the newspaper with the scientific journal; and while we aim at uniting the characteristic excellencies of other and various periodicals, we render everything subservient to the grand principle of making our

journal the most practical of the day. While some are splitting straws on the chronological history of the science, and others are engaged in useless disquisitions on the dentar system of the invertebrata,—the osteology of the cercopithecii, and a parcel of African monkeys; essays on the real situation of the aye aye in the series of Mammals, the names employed by Philostorgos to designate the apes, and researches on fossil baboons; prosy lectures on the mode of reproductions in sponges, generation in earthworms and barnacles, and descriptions of the reproductive organs of some hundreds of reptiles and fishes, whose very names are as Sanscrit to the vast majority of readers; we seize on everything likely to become practically useful to the working class of the profession, and eventually calculated to facilitate the student in his studies, improve our art, and afford relief to suffering humanity. With regard to our politics—they are summed up in a few words. Not to be satisfied with frothy mouthing after reform, as is the case with our contemporary, but to direct open and fearless attacks against all existing abuses, to unite might with right, law with justice, and to raise the character of the profession and its position in relation with the public. Our criticism will be made as closely analytical as the nature of the work reviewed, and the state of our columns, will permit. It is needless to add, that unbiased truth and strict impartiality will, in this as in every other department of the journal, be constantly adhered to. We shall endeavour to present a sort of Bibliographical picture, by means of which, those whose incomes are limited may be led to the purchase of such books only, as from the value of their contents are positively worthy of being bought. Extracts will as often as possible be confined strictly to the practical portions of different works.—Some object to personalsketches. We have only to answer that public men are public property, and that it is only in their public capacity that we hold up the "heads" of the profession to admiration, imitation, ridicule, or abhorrence. It must be the interest of every good lecturer to have his merits widely circulated; it must be the interest of the student to have the faults of a bad one exposed. Lecturing is a public office, and, therefore, an object for legitimate criticism; and though a scrupulous delicacy in touching on the faults of the performer would be by many considered preferable to the line we have adopted, the good effect of the criticism would be thereby lost; the lecturer would not be led to correct his vices, nor the student become aware of the failings of his teacher till it was too late. While, therefore, we praise those who deserve it, we shall not fail to expose ignorant pretenders, or haughty upstarts; but again repeat, that our personality has nothing of a private character in it.

In the scientific portion of our columns will be found everything of real practical importance which finds a place in the periodicals of Europe or America. On this point we shall not imitate the example of a contemporary, and claim the merit of exclusive information. We do not give bad translations of lectures published in the Parisian journals, and state that they are

specially reported for us, after the fashion of our truly respectable contemporary, but we exchange with all the principal periodicals in Europe, and translate everything of practical importance weeks before the quarterly journals can publish the same.

Fully admitting the truth of the aphorism that apologies are "with merit needless, and without it vain," we cannot conclude without stating that the difficulties of commencing a new and extensive literary undertaking have been very great, and that our plans for ensuring the uniform excellence of this work are scarcely yet completed. We have had to try the capabilities of our correspondents, to withstand open attacks of enemies, and the defection of false friends, but we have written the epitaph of two journals which started at the same time with ourselves; our onward progress is now facilitated; and, in conclusion, we have only to state that our paper is open to the opinions of every one, provided they are advanced with candour and firmness. Hundreds of practitioners are scattered throughout the country, whose individual experience might be added to the common stock, with honour to their own reputation, and benefit to our science. Through the medium of the 'Medical Times' these objects may be effectually secured, and we trust that the combined call of duty and interest will be cheerfully responded to with new accession of honour to the science, and aid of our country.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 19th September, 1840:—

Epidemic, endemic, and contagious diseases	156
Diseases of the brain, nerves, and senses	151
Diseases of the lungs, and other organs of respiration	201
Diseases of the heart and blood-vessels	15
Diseases of the stomach, liver, and other organs of digestion	110
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	1
Diseases of uncertain seat	88
Old age, or natural decay	63
Violent deaths	17
Causes not specified	1
Deaths from all causes	821

BRITISH ASSOCIATION.—Mr. Owen having appealed to the council against the publication of a report of Mr. Nasmyth's paper "On the Physiology of the Teeth," as communicated by Mr. Nasmyth to the assistant-general secretary, for publication in the "Report of the Ninth Meeting of the Association, held at Birmingham," and Mr. Nasmyth having addressed to the council a letter of complaint, on account of the suspension of the publication of that report, the council resolved that it be referred to the president and other officers of the medical section at Birmingham, to decide whether the report of Mr. Nasmyth's paper, as published in the *Athenæum* and *Literary Gazette*, or in either of those periodicals, or the report of that paper sent by Mr. Nasmyth to Mr. Phillips for publication, is more correct in regard to the points under discussion between Professor Owen and Mr. Nasmyth; and that the president of the medical section be requested to communicate the result to the council at his earliest convenience.

MR. WARBURTON'S "MEDICAL REFORM BILL."

THIS Bill is indorsed "MEDICAL PROFESSION BILL." The title runs thus:—

"A BILL for the Registration of Medical Practitioners, and for establishing a College of Medicine, and for enabling the Fellows of that College to practise Medicine in all or any of its Branches, and hold any Medical Appointments whatsoever, in any Part whatsoever of the United Kingdom."

PREAMBLE.

"Whereas it is expedient that all male persons practising medicine in the United Kingdom should be REGISTERED; and that all properly educated medical practitioners should be encouraged to exercise their profession, in all or any of its branches, in whatsoever part of the British dominions they may severally think proper to exercise the same, and should be empowered to hold medical appointments, of whatsoever description, in any part of the said dominions."

CLAUSE I. The clauses of the Bill are prefaced by an "interpretation clause," explaining the meaning of several terms that are peculiar to the Bill, that is to say, the following words:

"Persons practising medicine." "Medical practitioner," or "Person practising medicine as principal," or "Person practising medicine in chief." "Firm practising medicine." "Party practising medicine in chief." "Assistant." "Medical assistant," or "Assistant practising medicine." "Domicile (as applied to a medical practitioner, or a firm practising medicine)." "Name (as applied to a person or a firm)." "Medical qualification," and "Qualification," &c. &c.

We subjoin the following explanations:—

Person practising medicine.—A male person who, with a view to the private gain of himself, or another, himself administers, by whatever method of treatment, *to the relief or cure of any human bodily injury or malformation; or human ailment*, bodily or mental, real or imaginary; or who, with a like view, *advises or prescribes* what method of treatment shall be administered by another; or who, with a like view, employs another to act in the like manner; or who makes or issues any public manifestation, notice, or advertisement, to the effect that he will act as aforesaid.

Medical assistant.—A person who, for private gain, engages himself to a party practising medicine in chief (that is, a practitioner who is not an assistant,) and is employed by that party to practise medicine, and shall not be construed to extend to a pupil or apprentice of a party practising medicine in chief.

Medical qualification.—As applied to a person practising medicine, these words shall imply that he holds one or more of the following qualifications:—

1. The degree of M.D. or M.B. in some university of the United Kingdom, or a licence therefrom to practise medicine.

2. The mastership in surgery from some such university.

3. The certificate of proficiency in surgery therefrom.

4. The fellowship, membership, or candidate or licentiatehip of some college of physicians or surgeons, or the possession of a diploma received therefrom, or of or from some faculty of physicians and surgeons in the United Kingdom.

5. Or a membership or licentiatehip of some society of apothecaries, or the possession of a certificate of fitness to practise as an apothecary received therefrom.

6. The term also embraces persons who hold any medical commission or warrant in the

British army or navy, or the East India Company's service.

7. And all those persons who may become fellows of the college of medicine directed in this Bill to be hereafter established.

8. And all persons who were in practice as apothecaries prior to August 1, 1815.

II. The costs of administering the Act shall be paid by an annual tax of [*amount not mentioned*] on every registered or unregistered medical practitioner in the United Kingdom, according to the provisions of the bill, forming the fund of a "Medical Registry Account." Any deficiency to be specially supplied by Parliament.

III. From and after 1842, registers of all persons practising medicine (in chief) in England, Scotland, and Ireland, shall be made and kept by three persons, nominated by the Secretary of State for the Home Department, whose offices shall be respectively situated in the three capitals, having the registrars of births and deaths throughout England, certain schoolmasters in Scotland, and officers of the police in Ireland, as sub-registrars.

IV. V. These clauses describe the duties of the sub-registrars, and require the medical practitioner to supply to them a schedule of name, address, branch of medicine, and nature and dates of his qualifications; "but," says the clause, "if he do not hold a medical qualification, then whether it is as being a chemist and druggist that he practises medicine in chief," and if under the Apothecaries' Act, or a right acquired by usage before that Act was passed; "or whether he practises medicine in chief without either holding a medical qualification or being a chemist and druggist." Each partner in a firm to do the same.

VI. VII. VIII. All this to be signed, returned before the 1st of April, 1843; or if no blank schedule to be filled up has been sent to the party by the sub-registrar, then the party must, before the 7th of April in every year, apply for one, to fill up and return, the sub-registrar being required to comply with the request speedily afterwards. The period and demand for such returns from medical practitioners are to be publicly advertised also. These returns are to include the names, addresses, and qualifications of "parties who practise medicine in chief in their capacity of chemists and druggists," as well as "parties who practise medicine in chief, and are not included in the division of persons who hold medical qualifications, or who do not practise in the capacity of chemists and druggists."

IX. The registers are to be printed and published *by the registrars* afresh on the 1st of August in every year, so far as regards those persons who hold what is termed in the Bill a "medical qualification."

X. Permission is given to the *Secretary of State* to publish or not, as he may think fit, the two divisions of persons who "practise medicine in chief in their capacity as chemists and druggists," and those who "practise medicine in chief without being included in either of the preceding divisions."

XI. Any one may reprint registers.

XII. Medical practitioners may "require" any person who has returned himself in a schedule to prove the actual existence of his alleged qualification.

XIII. Persons not holding a "medical qualification" shall not hold any medical office in any public institution, or any district, parochial or otherwise, benefit society, or in either of the public services.

XIV. XV. XVI. The registry of a person to commence with the date of his "return." Changes of residence to be notified to registrars, and announced in supplements to the registers.

XVII. After the 31st of July, in the year 184—, *it shall not be lawful for any unregistered person, "even although he hold a medical qualification, to act as a medical practitioner in any part of the United Kingdom, any custom or thing contained in any statute, charter, gift, grant, or deed, or any by-law, regulation, or statute of any corporate body, to the contrary notwithstanding."*

XVIII. The possession of a "medical qualification," by a person whose name shall appear in the registers or supplements which the *registrars* are to be required by law to publish, shall render it lawful for him "to make any reasonable charge for any time he may have employed in professional attendance on any patient in that part of the United Kingdom in which he is registered," and therein to sue for the same.

XIX. "Three medical councils, one for England, one for Scotland, and one for Ireland," shall be constituted, each to consist of 36 councillors, of whom 12 shall be non-medical men, "nominated and appointed," on the 1st of October, 1843, by the Secretary of State for the Home Department for the time being. Of these 12, there shall 3 of them annually, on Oct. 1st, vacate, at the bidding of the Secretary of State, their office, to be replaced by 3 other non-medical men, similarly nominated. The 24 other councillors shall be elected by those registered "medical practitioners in each respective country, who hold a medical qualification," and shall be chosen exclusively, from among the qualified electors themselves. The first of these elections to take place in the middle of September, 1843, and the registrar of each country to be on that occasion the scrutineer of the election. For the year 1844, the scrutineers to be chosen by voting-papers, by the electors, from amongst the electors. The 24 councillors to be elected in a similar manner. The voting-papers to be prepared by the registrars, and circulated by the sub-registrars, to be filled up by the electors, severally, and returned, sealed, to the sub-registrar, to be by him conveyed by post to the registrars in the respective capitals of each country, the votes of the electors to be kept secret by the registrars, they each reporting to the Secretary of State on whom the choice of the electors has fallen.

XX. Of these 24 elected medical councillors, 6 shall annually, on each 1st of October, vacate their seats, by decision of the said medical electors pronounced a fortnight previously; and who, from amongst their own body, shall replace those 6, the metropolitan registrars, and the previously elected scrutineers, presiding in each capital at the estimate of the votes, having, on the 1st of August before named, an umpire between them. This clause also directs that the 36 councillors shall indicate, by lists, to the electors before each election, which 6 of the medical councillors they would "recommend the electors to cause to vacate," and whom "to elect as six new councillors;" but that the electors may either reject or comply with this "recommendation," as they may think fit.

XXI. The three metropolitan councils each to elect its own chairman, by ballot, annually in October. At meetings of the councils, 6 to form a quorum. Decisions therein to follow the majority of votes. Minutes of their proceedings to be kept, printed and circulated amongst themselves, and the other metropolitan councils, and open to a senate hereinafter mentioned, and the Secretary of State.

XXII. Of these three councils of 108 persons, 12 members are to be annually chosen from each council to form a united *Medical Senate* of 36 persons. Of each 12, four per-

sons are to be chosen from the non-medical division.

XXIII. This "Medical Senate of the United Kingdom," is, on the 4th of October in each year, in and after 1842, to meet in London, at a place named by the Secretary of State, and choose annually a president. Its proceedings to be conducted like those of the councils.

XXIV. V. The senate may make by-laws, to be laid before Parliament, for its own regulation, and to be binding also on the aforesaid councils, "and on all fellows and matriculated students of the college hereinafter directed to be founded, and on all the examiners appointed by the said several councils, and on all the officers and servants of the senate or of the said several councils."

XXVI. VII. The councils may make regulations for giving effect to the by-laws of the medical senate; which regulations, however, the senate may subsequently disallow.

XXVIII. The senate may attend all meetings of the councils, and take part in their discussions; or attend the courts of the "Examiners."

XXIX. There shall be founded a "College of Medicine of the United Kingdom." Its "first fellows" shall consist of all the elected medical councillors of Oct. 1, 1843; and its future additional fellows shall be constituted of the like councillors for other years, all to be fellows for life; together with such other registered persons possessing "medical qualifications," as the senate may, by by-laws made by the senate, pronounce to be eligible for election as fellows of the said college.

XXX. This senate shall, on commencing its duties, make by-laws to define what "medical qualification," possessed by a medical practitioner, shall entitle him to claim to be a fellow of the said college, without subjecting him to an examination in medicine. The before-mentioned councils shall "make regulations for carrying such by-law into effect;" and when any person so qualified shall apply for admission to the fellowship, the said council shall ballot for him, and reject or admit him according as the majority of their votes may decide.

XXXI. Persons not already in medical practice may be admitted to the fellowship upon examination, as follows:—The said senate shall make by-laws to define "the *examinations*, to which all persons claiming to be entered in the books of either of the councils, as *matriculated students of the said college*, shall, previously to their being so entered, be subjected," and the *age* they shall have attained, and, "touching the *course of instruction* to be pursued by students *subsequent* to their matriculation, and touching the medical *institutions and schools*, corporate or unincorporated, in the United Kingdom or in foreign parts, which shall be deemed *competent for the instruction of students in medicine*; and touching the *registration* of matriculated students during their course of instruction; and touching the *age* which persons admitted to examination for the fellowship of the said college shall be required to have attained;" and touching the *examiners* whom the several councils shall have appointed, and touching the times and modes, and subjects of medical examination. And the said senate may "relax the rigour of such by-laws in favour of those students whose course of medical instruction may be advanced towards completion when those by-laws first come into operation." The *council* are to *appoint the examiners*, who are "to examine persons claiming to be entered in the books of the council as matriculated students of the said college." And also appoint the examiners of candidates for the fellowship of the said college. The examiners are to report to the

council what candidates they pass, and then such candidates shall be entered or admitted as matriculated students or fellows, as the case may be.

XXXII. The senate may empower each of the council "to ballot for the *expulsion from the college* of any fellow thereof domiciled in the country to which such council belongs, who may have been tried for and found guilty of committing any infamous crime or offence."

XXXIII. Any fellow of the college may, at his own request, be examined by direction of the senate, as a candidate for a certificate from the council, certifying his proficiency in medicine, or surgery, or midwifery, or pharmacy, or some other special branch of practice.

XXXIV. No councillor can be an examiner.

XXXV. It shall "be lawful for every fellow of the said college to practise as a surgeon-apothecary, or general practitioner of medicine, in any part whatsoever of the British dominions;" or in the same capacity to any hospital, gaol, union, society, or other public place or body; and "to compound and dispense any medicine he may prescribe for his own patients," any where; and to sue for charges for medicine, operations, or attendance; and to receive any number of pupils or apprentices; and every such fellow shall be entitled "to all exemptions from serving on juries, inquests, &c., and all other exemptions to which surgeons or apothecaries are already entitled."

XXXVI. Fellows of the said college, "who shall have received from any such council a certificate" of his proficiency in medicine, and "who shall also be a graduate in medicine in any university in the United Kingdom," shall, in addition to his other before-mentioned privileges as a fellow of the said college, "be also entitled to practise as a physician in any part of the British dominions, and to act as a physician to any hospital," &c., "or, after undergoing such examination as any duly constituted medical board may deem requisite, may serve as a physician in the navy or army, &c., and be entitled to every already existing privilege of a physician."

XXXVII. This clause makes a similar declaration with regard to *surgeons*, who are fellows of the said college, giving them, on obtaining an examination, a certificate of proficiency in surgery from one of the said councils, and already possessing a surgical qualification from some other college, or faculty, or university, entitling them to "act as surgeons in any part of the British dominions."

XXXVIII. The same as regards a fellow of the said college who may have received from one of the councils a certification that he has, on examination, "been found to be proficient in the art and business of an *apothecary*;" if also, he be "a member, or licentiate, or certified proficient of some society of apothecaries of the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow, or of the Royal College of Surgeons of Edinburgh." Such apothecary may act as an apothecary anywhere in any part of the British dominions, &c.

XXXIX. "Fellows of the college who have received a certificate of proficiency in *midwifery*, may act as *surgeon-apothecaries*, or, if they be graduates in physic, as *physicians to any lying-in hospital* in any part of the British dominions."

XL. Fellows of the college who have received a certificate of their knowledge of the treatment of *lunatics*, may act as surgeon-apothecaries, or, if they be graduates in physic, as physicians to any lunatic hospital or asylum in the British dominions.

XLI. The senate may, if they think proper, under by-laws, purposely made by them, ex-

empt any candidate for the fellowship of the college from the examinations, or from any part of the examinations, which such candidate would be liable to undergo before admission, if that candidate have already acquired "a medical qualification" in the United Kingdom, or a degree in medicine in some university abroad, of which the said senate may approve. The council to which he may apply shall then ballot for the admission of the said candidate.

XLII. Chemists and druggists may voluntarily apply to be examined by examiners named by the said senate. Their examination "shall relate to the Latin language, the interpretation of prescriptions, the pharmacopœia, the articles of the materia medica, the quantities of different simple or compound medicines which may safely be administered to patients, chemistry, practical and pharmaceutical, and botany." To every person passing this examination the council shall grant a certificate of proficiency therein; and if such person desire a registrar to register him in a certain annual list of certified chemists and druggists, he shall be so registered. And, "any person so certified shall be entitled to carry on the business of a chemist and druggist in any part of the British dominions." And "if any person so certified shall carry on the business of a chemist and druggist in any town, the population of which" amounts to— inhabitants, then "the laboratory or shop of such person shall be approved of as a *school for pharmacy* by each of the said medical councils."

XLIII. Every student "shall be deemed to have completed a proper course of instruction in *pharmacy*," who shall have attended such laboratory or shop, as above-mentioned, or any apothecary's or hospital, or medical practitioner's shop or laboratory, *recognised* by the medical council of the country, during a continuous period of not less than — years or months; a longer or shorter period for either kind of shop or laboratory as the by-laws of the said council may demand.

XLIV. The said senate may prepare and publish a national *pharmacopœia* for the use of all medical men.

XLV. All *medical assistants* in England, Scotland, and Ireland, to be *registered* from January 1st, 1845, by means of a form, to be called "The Medical Assistant's Notice and Schedule," recording their name, age, address, medical qualification (if any), and those of the medical practitioners to whom they may be assistants. And when the annual registers of the medical practitioners of the country are published, those registers shall respectively contain, in juxtaposition with their names, those of the medical assistants whom they may severally be at that time employing.

XLVI. All *medical students* in the United Kingdom, who intend to obtain, by-and-by, a "medical qualification," are to be *registered* by the parties with whom they may be apprentices or pupils,—dates, ages, family domiciles, the hospitals, or medical schools they may be attending in that twelve months; the specific courses of lectures and demonstrations they may be attending; the name of every professor, lecturer, demonstrator, and the date and duration of their attendances on the instructions of those persons; and all professors and teachers in every university, college, school, hospital, or dispensary, in the United Kingdom where medicine is taught, are to assist by the registrations of their pupils in rendering this registration of pupils and their studies complete.

XLVII. No part of any course of medical instruction, excepting that for which a student shall have been *registered*, shall be allowed by the senate to qualify the student for *admission to examination*.

XLVIII. If any medical student be *studying "in foreign parts,"* with the intention of becoming a candidate for examination as aforesaid, "no part of any such foreign course of instruction shall" qualify him to be admitted to such examination, unless he *once a quarter* sends notice thereof, with full particulars (certified by the foreign teachers), to one of the registrars at home.

XLIX. The registers may be searched on payment of a fee named by the Secretary of State.

L. The fees demanded by the senate for examinations and admissions to the fellowship of the said college, must first be approved by the Secretary of State.

LI. The number of clerks of the said councils, senates, registrars, and all the salaries and emoluments under this bill, to be fixed and regulated by the Lords of the Treasury.

LII. to LVII. These clauses relate to *penalties* (the amounts not named in the bill) to be levied on *sub-registrars* for neglect, defaults, or falsifications; on persons for neglecting to make the required *returns*; on *medical practitioners* for refusing to receive and return forms; on all persons for wilful mis-statements in the schedules, and the appropriation of penalties to the "Medical Registry Account at the Bank of England."

LVIII. The rights, &c., at present enjoyed by all existing medical and surgical universities, faculties, colleges, and corporations, excepting so far as they may be altered and varied in and by this Act, are not to be lessened or prejudiced by anything contained therein, any more than if the said Act had never passed.

LIX. The Act to continue in force until Jan. 1st, 1860, and no longer; but all fellows of the aforesaid college of medicine, who have acquired rights under this Act by or before that date, are to retain the same, just as if the Act had continued in force.

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The Introductory Lecture, Thursday, October 1, at Seven p.m. Materia Medica and Therapeutics; by Dr. Chadwick. Monday, Tuesday, Wednesday, and Thursday, at Four p.m.

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Gers rich, quite learned, or extremely quaint,
A minor doctor, and a minor saint.

(Favoured by Paul Pry, Esq.)

"Vangelus

"Sold his body to support his maw."

THE next in order as the next in name to the COUNTER-DRUGGIST-SURGEON, as illicit members of the profession, are those persons who have qualified themselves as doctors, though certainly not as physicians, by venal, or what are called "honorary" or "venal diplomas" from Aberdeen, St. Andrew's, and certain diploma-mongers on the continent.—These contemptible interlopers once formed a considerable portion of that class, than whom none are better acquainted with the artifices and villany of the profession. They are divisible into several opprobrious classes.—One principal class consisted of old general practisers, who sent to the market for diplomas, with a view to charge night-fees for their services. These SHAM physicians have been so created for the last century or two, principally by two ruinous and superfluous Scotch Colleges, University Schools, or Faculties of Medicine—Aberdeen and St. Andrew's. As these Old Fogies may, for the most part, be regarded as now placed as country Ollipods upon the superannuated or exploded list, they are "nae muckle worth speaking about." The second variety, and a multitude of vermin, of whom much has been seen, and of whom it is particularly desirable to make constant exposure, are those parchment Doctors, who have got themselves into practice by all sorts of means, and make use of these marketable and vendible, and after-gratuitous commodities as a surreptitious title to conceal their natural ignorance and infamy. When we were young, we knew a lad who was apprenticed to a Surgeon-Apothecary in H—shire, who walked the hospitals for the respectable period of six months, took out his diploma, as it is called, in this way, and is now physician to a country hospital, and a successful practiser in large cities. In fact, Infirmary Physicians, 20 years ago, consisted generally of miserable medical surgeons, who practised as physicians by these scandalous dub-stamps certificated for by two names, charged at £15, and sent home by coach. Rumour went abroad about 20 years ago, at the time of the passing of the Apothecaries' Act of 1815, which "was too good news to be true," that the two insolvent old Faculties of Aberdeen and St. Andrews were to be stopped from the game, which Dr. Johnson called "getting rich by degrees." Venal traffic in diplomas has been the last resources of supernumerary and poverty-stricken faculties and corporations of medicine in all countries, particularly England, Holland, France under the "ancienne regime," but not now, and certain German states, even at the

time present. At the above period, a sort of panic ensued among the KNIGHTS of the gilt Galen's head and brass mortar, the Druggists, and all the other tradesmen who usurp the province of Physician, and the majority in the country supplied themselves with a ready cut and dried stock of these scandalous instruments conferring the title of Doctor upon all sorts of Astutes and Meddlers throughout England.—They were put away into the Doctor's wardrobe or chest of drawers, to be in readiness to pull out, so soon as ever the Doctor should be reluctant to pull off his nightcap, like Dr. Crow in Coleman's 'Broad Grins,' and descend to the brass-plate and door-bell, accompany the obstetrical messenger, and charge an additional half-guinea by virtue of his empiricidal parchment. All the 5-year 'Prenticeboys, 2-HALF-YEARS-men, and THREE-TO-FIVE-BRANCH Practisers, in fact, all the venal Apothecary-Men had provided their later years with these regular abuses of university rights, these gross impositions and detestable forgeries of usurpation and assumption, to commit "mala praxis."

"So numerous were the fry, the land stank!"

In one small town of 3000 people, two Surgeon-Apothecaries, and a small practising Druggist, bought, each, a DUB-STAMP to gild their later days; that the Counter-doctering Vender of simples labelled and advertised his name as "Doctor" on pill-boxes containing some quackish boluses "of his own imposing," called "female pills," which very much excited the amusement and comment of the country parsons and 'squires, by whom, as a political and jobbing hack, this "DICKY GOSSIP" was employed and patronised.—When a worn-out apothecary got this diploma, it used to be said by his women-patients, "Oh, have you heard that old Mr. Slay-fools has taken out his diploma? he will have now all the practice that is worth having, in such and such a neighbourhood.—Oh, he is a "fine" and a "nice" old man!" A divine and godfather of ours came in time to his D.D. from Oxford. An old woman who kept a turnpike said to him, "So you be made a Doctor just in time, for my poor old man is ill, and wants your advice!" This is just of a piece with all the ignorance of the people, about what constitutes a physician or doctor, and what not!—But many old pompous apothecaries overshot their mark, and lost a good general practice, but got a rich wife by "taking out" Aberdeen and St. Andrew's death-warrants; for the same world, in two separate localities, judge in two different ways, and then the ladies said: "He got it by coach, you know; he didn't go anywhere to learn any more, and we shan't employ him, except for children or housemaids, measles or itch, or some such trifling thing. It can't bring him any more skill than he had before!" How the ladies contrive to reconcile these contradictions and inconsistencies of their judgments, we cannot explain, nor do we believe that they themselves know. The late Dr. Newell, of Cheltenham, was a fashionable apothecary, and as such was reported to have once made £3000 per annum. He bought a £15 DUB-STAMP, and lost all his practice. He was a Routinist, stubborn to his sect, and talked of the panaceal virtues of Mithridates, which he said contained the virtues of 100 simples, and "how if 99 failed one must be sure to hit." In obedience to Percival's rule, he mingled "condescension with authority," but he forgot

"so to unite tenderness (!) with steadiness, as to inspire the minds of the patients with gratitude, respect, and confidence," and thus he lost all his practice. His colleague, the late Dr. Coley, was a Navy Surgeon; he bought a Dub-stamp also, and made £14,000 afterwards. He was of the sect of MERCURIALISTS. Nothing can come up, said he, to calomel with rhubarb and antimony, in all "EXTRAORDINARY cases;" and this wise world of Females and Epicenes believed it, until he united physic with too much devotion to John Calvin, or *Cauvin*, and became MELAN-Coley.—As many stale Dub-stamps are still cupboarded and may pop out one day or another, it would be well that the forthcoming measure of Reform should declare them illegal, null, and void.—Beddoes, who received the highest university degree at Oxford, thought the Glasgow and Edinburgh degree very little better than the two others. With the pride and starch of an English university graduate, he says: "These SCOTCH-STAMPED DOCTORS, these Aberdeen Dubs, who were never within smell of 'AULD REEKIE,' in employment do not stand a whit behind such as have suckled in their medical nourishment in the midst of her perfumes." Beddoes never flattered the Scotch, and they paid him off. The erudite Professor Alison observes, he was a writer possessed of ORIGINALITY and GENIUS, but perhaps not inaptly characterized by Rotte, as "a blind adherent to the new Chemists and Brown." This is true. He was a Theorist and Speculist, a better Reformer than Pathologist; but, a little before his death, he saw his error and reformed it by cultivating morbid anatomy; but, alas! for his profession and his country, he prematurely died. Peace to his manes!

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

ULCERATION OF THE CARTILAGES; SYMPTOMS
—DISEASES OF THE HIP-JOINT; SYMPTOMS
AND TREATMENT.

Ulceration of the Cartilages.—The cartilages covering the articular ends of bone, are very liable to ulcerate; and this ulceration will take place under various circumstances. I have known it occur in consequence of acute inflammation affecting the interior of a joint, and removing the cartilages covering the bones of that joint, within the space of two or three days. In a case of phlebitis (inflammation of the vein taking place after venesection) that came under my own care in this hospital, the patient had pain in his knee-joint, commencing on the 4th. He died on the 8th day of the same month; and on examination after death, I found the knee-joint filled with pus of a reddish colour, that is, with a pus rendered red by the admixture of blood. The synovial membrane which had produced this pus, was highly inflamed, but the articular cartilage of the femur, and the corresponding articular cartilage of the tibia, were completely destroyed, and this high degree of ulceration had been produced within the short period I have mentioned.—When necrosis attacks the shaft of the long bone, though it does not involve the ends, yet the mortification extends sufficiently to the extremities to excite inflammation and absorption of the cartilages, although the synovial membrane does not become involved. Here is a case in which the whole shaft of the thigh bone has perished, and the cartilages have been as completely removed as if they had been cut out by the

* Vangelus, a Frenchman, is said to have sold his body to the surgeons, to prolong a miserable existence.

knife. In the case of penetrating wounds of a joint, where inflammation arises in the interior of the joint, and where the synovial membrane becomes inflamed, we find the cartilages, probably, in consequence of inflammation, undergoing absorption. Here is, for instance, the astragalus, one of the articular surfaces of which is covered with cartilage, while the other is not. This is the surface corresponding with the articular surface of the tibia, in which the bone is seen as completely as if the cartilage had been dissolved or removed by some mechanical means in the most perfect manner.—The ulceration of the cartilage, then, not only takes place under the various circumstances I have mentioned, but it begins as an original affection of the joints. Without any disease of the synovial membrane, without the occurrence of any accident or injury to a joint, it may commence as a primary or original affection of the joint itself. The ulceration of the cartilages is attended with two circumstances, which are very different from those we observe in ulceration of other structures. There is no formation of pus, nor do we ever find granulations produced from diseased cartilages—no attempt at reproduction of the cartilaginous structure. Although ulceration of the cartilages may be in the first instance limited to the cartilaginous structure itself, yet it soon involves other parts of the joint. It extends, in the first place, to the bony articular extremities, which become ulcerated, and are, in common language, rendered *carious*; the synovial membrane and external soft parts about the joint become inflamed; small abscesses form and break externally; a succession of these takes place in various parts of the joint, and a number of fistulous openings are established about the joint, giving place to matter, and, in many cases, to carious portions of bone. The ulcerative process often extends to the ligaments that connect the articulations; the consequence of which is, that the bones are no longer retained in their relative positions, but are thrown into certain unnatural directions, by the action of the strong muscles of the limb. When the knee-joint, for instance, is the seat of inflammation, the tibia and fibula may be drawn from the condyles of the femur towards the ham, forming a consecutive dislocation. When the hip-joint is attacked, the head of the femur is drawn out upon the dorsum of the ilium, and a shortening of the thigh takes place. When seated in the joints of the occiput, the atlas, and the second vertebra of the neck, it leads to those luxations in the neck which I have already had occasion to mention.—*Symptoms*: Ulceration in the cartilages of a joint is indicated, in the first instance, by pain in the joint; this at first is slight, but soon becomes severe, and increased by motion of the part. You will easily believe this latter to be the case, when you see that the surfaces which move upon one another, instead of being perfectly smooth and insensible as in their natural state, are rendered rough, and perhaps preternaturally sensible by the disease. Motion of the joint in this case is, therefore, excessively painful. Pain, then, and its aggravation by motion, are the two symptoms which, in the first place (without any increase of size, or swelling), characterize the complaint. In consequence of the communication of the disease to the soft parts, the joint subsequently becomes enlarged. In the advanced stage of this affection, when suppuration has occurred, and abscesses have formed in various directions, communicating with carious portions of the bones, the constitution of the patient of course suffers; in fact, a hectic condition of the system comes on, and if the disease be not arrested, or the joint removed (supposing we have no power to stop the affection), the patient will sink under the irritation.—In consequence, however, of the remedial means, the disease in the joint is sometimes stopped; the progress of ulceration, or caries of the bones, is arrested; granulations arise from the ulcerated surfaces, and inosculate with the granulations on the opposite surfaces; ankylosis ensues, and, ultimately, bony union may be formed between the articulations; the patient then recovers with loss of motion in the part, with a stiff or ankylosed joint. In other instances the affection proceeds, the caries extends, external inflammation goes on, suppurations are renewed from time to

time, and the consequent constitutional irritation wearing out the patient, death arrives and concludes the scene.—Ulceration of the cartilages of joints is chiefly incidental to young subjects; the great majority of cases are seen in individuals below the age of thirty years, after which period it is comparatively rare to find the disease; not, however, that patients after that time of life are entirely exempt from the occurrence of this affection.

Diseases of the Hip-joint.—I have had occasion to mention to you, that the knee-joint is especially subject to inflammation of the synovial membrane; and I have now to observe, that the hip-joint is especially subject to ulceration of the cartilages. This may occasion ulceration of the knee-joint, and, indeed, is not very uncommon there, and probably inflammation of the synovial membrane may occur in the hip-joint; it is difficult, however, to recognise it, for the situation of the joint prevents us from observing those symptoms which should characterize the affection; and, I think, when we find disease occurring there, we need hesitate but little to regard it as the *morbis coxarius*, in English called *caries of the hip*—*scrofulous caries of the hip-joint*. The great majority of these cases certainly occur in children. Where you see one case of disease of the hip-joint after the period of puberty, you will, I should think, see forty or fifty taking place before it.—*Symptoms*: Disease of the hip-joint shows itself, in the first place, by stiffness, imperfection in the movements of the articulation. The child affected is probably observed by its parents to limp, to be lame, not to support itself well on one side of the body. In many cases very great pain is experienced by the child. At this time, perhaps, the imperfect movement of the limb has been observed by the parents, independent of any other symptom. If, however, the child is induced to move the limb (and parents frequently do that under the impression that exercise must be advantageous), considerable pain is experienced. On examining the hip (for in such cases our first attention is naturally directed to the discovery of the affected motion), lay the child on a bed, take the limb in one hand, and endeavour to move the joint; we sometimes find that the knee can be moved towards the abdomen, and that we can bend and extend it with considerable freedom; yet, upon accurate examination, we shall find that there is very little motion of the hip-joint, but that the hip-joint and pelvis move altogether, and that the child possesses considerable power of moving the pelvis on the vertebral column; if, therefore, you are not very particular, you may form an erroneous opinion on the subject. Pain is experienced by pressure on the external surface of the hip-joint, when in the extended state. If you press on the trochanter, or extend it—if you press the lower extremity against the acetabulum, by putting one hand upon the knee, or, with the knee and leg extended, if you press against the sole of the foot, pain will be excited in the hip-joint.—At this period very considerable pain is often felt in the knee-joint; patients complain of that part, saying they feel no pain in the hip-joint. Now, this affection of the knee is altogether sympathetic, and on making pressure there you will find that no pain is excited; that there is perfect motion, and no disease whatever existing in the joint; thus you may be assured that the loud complaints of the patient, as referred to the knee, are occasioned simply by a sympathetic sensation. The thigh and lower extremity altogether, when compared with those of the opposite side, are usually found diminished in size. The cause of this is, that the patient has not used the limb freely, and that muscles, when not employed, always shrink; a loss of substance is thus observed in the affected limb.—A remarkable circumstance in the affection of the hip-joint is the *alteration in the length* of the limb, which occurs at various periods of the complaint—alterations in its length as compared with that of the opposite sound extremity. In the earlier period of the disease we sometimes find the affected limb longer than that on the sound side, and sometimes shorter; in a more advanced period of the affection we find it considerably shortened. Now, the lengthening or shortening in the early period is only apparent; but the shortening in the

subsequent stage is real. In the former it depends on the position of the pelvis; hence when the lower extremity of the affected side appears to be longer than that of the other, we shall find that the anterior superior spine of the ilium on that side is so much lower than its fellow; if the extremity of the sound side appear to be the longest, we shall find that the anterior superior spine of the ilium of that side is lower down than that of the affected side. When a patient has this disease of the hip-joint, the weight of the body is not supported on both hips, but by that of the sound side; so that when the patient stands erect, the sound thigh sustains the weight of the trunk, and the diseased lower extremity is placed in front of the sound leg, the knee being a little bent, and the anterior part only of the foot brought to the ground. Under these circumstances the pelvis, generally speaking, sinks a little towards the diseased limb, and this is compensated by the limb being bent a little towards the opposite side; a degree of curvature of the spine is thus not unusual in affections of the hip-joint. In other instances, however, the patient bends the knee slightly on the affected side, and rests the foot on the ground; this will be attended with an apparent shortening of the extremity. In order then to form a correct judgment you must strip the patient, and make the examination on a straight horizontal surface. You will then immediately observe the position of the pelvis, and discover the cause of the apparent elongation or shortening of the affected limb. At all events, you may remove every doubt as to the apparent or manifest shortening or elongation, by measuring on each side from the anterior superior spine of the ilium to the patella; this will enable you to ascertain whether there is a real, or only a seeming alteration in the length. The change, however, in the subsequent period of the affection is quite a different matter. The disease, as it proceeds, is attended with destruction of the ligamentum teres, with ulcerative destruction of the orbicular ligament of the hip-joint, with destruction and ulceration of the head of the thigh-bone, and of parts of the acetabulum. Thus all the causes which would prevent the muscles from retracting the limb are removed; the muscles, therefore, draw the extremity upwards and outwards, and a real shortening, to the extent of some inches, is the consequence.—You will immediately perceive, then, that these changes must be attended with a very considerable shortening of the limb. If the disease be brought to a termination, if it end either naturally or in consequence of treatment, the upper extremity of the thigh-bone becomes ankylosed to the upper and outer part of the os innominatum; the limb remains permanently retracted and shortened; the joint itself is, in fact, destroyed; bony ankylosis takes place, and the movements of the hip are lost.—With respect to the *treatment* of ulceration of the cartilages of joints, I should say that this perhaps is one of the cases comprehended by some writers under the name of *white swelling*, in which the plan of counter-irritation is the most applicable. In the commencement there are symptoms and states of the joint in which moderate antiphlogistic treatment will be advantageous,—the abstraction of blood by leeches or by cupping, and, in some cases, the application of fomentations and poultices and other suitable means of that description. You will understand that in all cases where joints are diseased, rest is to be observed; this is a most essential point. Then after all that is possible has been accomplished, our great reliance must be on counter-irritation. In this respect our treatment at present seems to be just the same as it was in the days of Hippocrates, for he says with respect to this very disease, that patients who are the subjects of it become lame unless they are *cauterised*; that is, unless the hot iron is applied to them, for that was the mode in which counter-irritation was employed in his days, and the mode which some modern surgeons conceive to be the best, although it has very much fallen into disuse in this country. Our choice of means lies between the caustic issue, from which a discharge may be kept up by means of peas or beads, and rubbing the surface occasionally with potash or caustic; the application of *inoxæ*, which is a kind of actual cautery, setons, or the actual

cautery itself. The actual cautery is very strongly recommended in hip-diseases and other affections of that sort, by Professor Rust of Berlin, who has written a work on ulceration of the hip-joint, and who considers the application of the hot-iron as preferable to, and more efficacious than, the other means of employing the same principle.—In the case of disease of such joints as admit of amputation, in cases where the disease cannot be arrested by the plan of treatment I have just mentioned, where the progress of caries goes on in the bones, where you have repeated inflammations and suppurations of the external soft parts, where the constitution is suffering severely from the irritation produced by the local injury, where the appetite of the patient is gone, where his rest is destroyed, and where he is losing flesh every day,—under these circumstances it is necessary, if the situation of the complaint admit of it, to remove the joint in order to save the life of the patient. Such cases are proper for amputation; but I may observe that where diseases of the joints are carefully treated, more particularly where proper and judicious treatment is employed in the early stages of the affection, a case for amputation very seldom occurs, and I cannot help observing with considerable satisfaction, that I think surgery has of late years made great progress in this respect. Comparing the number of operations now performed in the London hospitals, with those performed at the time I first attended them, I certainly do observe a very great diminution in the operations. I should think that in this hospital there is not more than one amputation performed in cases of this kind, where within the time of which I have a perfect recollection, there used to be eight or ten.

MEDICAL SECTION OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

President—J. WATSON, M.D.

Vice-Presidents—Sir C. BELL, Dr. A. BUCHANAN, Dr. J. McFARLANE, Dr. ABERCROMBIE.
Secretaries—Prof. COUPER, Dr. J. BROWN, Dr. G. O. REES.

Committee—Drs. Alison, Arnott, R. Cowan, Han-
nay, J. Jeffray, J. Laurie, R. S. Sargent, A.
Thomson, R. D. Thomson, Mr. J. Wickenden.

The Secretary read the Report of the London Committee 'On the Motions and Sounds of the Heart.' The detail of the experiments contained in the report rendered it so voluminous, that the Conclusions were separately drawn up, and alone submitted to the Section.

1st.—That the order of the motions of the auricles and ventricles is by continuous succession, rather than by alternation.—2ndly. That the visible systolic and diastolic motions, are first perceived at the basis or fixed parts of the cavities, viz., in the auricles at the sinuses, and in the ventricles at the *Fundus cordis*, and that the free parts are brought into full action after the other parts.—3rdly. That in systole the heart is diminished in all directions, and that its long axis is invariably shortened.—4thly. That the normal systole of the auricles is energetic, and almost instantaneous, and quite universal.—5thly. That the systole of the ventricles is gradual in its development, and complex in its phenomena, attributable to contraction of the muscular parietes, and to resistance on the part of the fluids.—6thly. That the pulsation of the veins is of two kinds, at least in some animals, viz. both active and passive, and the latter is attributable to the reflux from the auricles during their systole.—7thly. *Motions.* That the normal pulsation, or throb, appears to be caused mainly by the undulatory and eccentric resistance to muscular compression, exerted by the blood in systole, and to be in no degree attributable to any blow, stroke, or other form of impulse implying locomotion, or change of place, or any other change than that of shape and of parietal thickness and tension in the heart; this cardiac impulse is evident in the exposed heart.—8thly. That the arterial diastole,

or pulse, almost everywhere outside the pericardium, perceptibly succeeds to the cardiac systole, though near the heart the interval is very brief.—9thly. *Sounds.* That the first sound depends partly, but in a slight degree, on the abrupt closure and transitory tension of the auri-ventricular valves, which give to this sound its sharp well-defined beginning; but that the first sound is mainly attributable to cardiac muscular tension alone, and that its prolonged duration is probably owing to the progressive character of the normal systolic effort from fundus to apex, and that this sound is probably in no degree or condition attributable to any blow or stroke against the ribs.—10thly. That the auricular systole is attended by an intrinsic sound, resembling that of the ventricles, but, more short, obtuse, and feeble.—11thly. That the sounds of friction in pericarditis, may when well marked, and under ordinary circumstances, be expected to be double at least, and they may be triple or more. In its systole, each cavity of the heart moves so as to cause a friction in one direction, of its attached laminæ, against the adjacent free laminæ of the pericardium, and in its diastole a pericardial friction is caused by each cavity in an opposite direction; and as the auricles move to and fro independently of the ventricles, the normal pericardial frictions must be quadruple, or double with the auricle and double with the ventricles. If, therefore, these frictions be rendered sonorous by the interposition of any rough substance between the rubbing surfaces, as lymph, for example, and supposing the heart's actions sufficiently rigorous, we might anticipate a duplication of murmurs at least, one systolic, the other diastolic. And this must be the principal element in the acoustic diagnosis of pericarditis.—12thly. The normal sounds of the heart are much liable to modification, by deviations from the normal standard, in the order, force and excitability of the *carneæ columnæ*, and other contractile parts governing or influencing the action of the valves, and the closure or opening again of the orifices of the ventricles; and this dependance on conditions, excluding structural defect, is so considerable, that the second sound may be for a time variously modified or marked by strange murmurs, or even apparently suppressed, in consequence of changes in the solids of purely a dynamic character, or caused by humoral defect in consequence of hæmorrhage from the introduction of poison into the veins; and the first cardiac sound, though never wholly wanting during the active existence of the heart, may still under similar circumstances present various abnormal features.—13thly. That the peculiar sounds occurring in pericarditis, and attributed to pericardial frictions, are not referable only to vascular turgescence, or dryness of the pericardium, but to lymph effused by, and adhering to that membrane, or other equivalent obstacle to the easy and noiseless gliding over each other of the adjacent parts of the pericardium.—14thly. That the ventricles are of equal capacity during life, and that the inequality observable after death, is an illusion explained long since by Harvey.—15thly. That the suction influence upon the venous circulation, attributed to respiration, by various writers, is well founded.—16thly. That the action of the long muscles, and more especially those of the abdominal parietes, is attended with an intrinsic sound.—17thly. That the sounds of the heart, likewise the motions, are governed by the same law in all warm-blooded animals hitherto examined; that their causation likewise follows the same law as those of man, the first sound being mainly muscular, and the second probably exclusively valvular; likewise that there is the same causation and mutual relation of the cardiac and ar-

terial pulsation.—Sir CHARLES BELL said, that it would be unfair to object to the conclusions, not having heard the premises on which they were founded; but, standing in sight of the Hunterian Museum, as he then was, he could not but remark on the absence of any reference to the opinion of so great a physiologist as Hunter, on the efficient cause of the cardiac impulse, when the apex of the heart strikes upon the parietes of the chest, viz., the effort made by the arch of the aorta to elongate itself upon receiving the column of blood, forced into it by the ventricular systole, by which effort the axis of the heart's direction is changed, the apex being forced up against the chest; and, in accounting for the sounds of that organ, there was no mention made of the rush of blood through those irregular masses the *carneæ columnæ*, and their tendinous connexions with the valvular apparatus.—Dr. SARGENT stated, as a fact, proved by direct experiment, that if the heart be removed from an animal recently slain, and placed on the hand whilst still beating, the apex will continue to be elevated at each systole of the ventricles, which effect is manifestly produced without any connexion whatever with the arch of the aorta. He regretted that so long a period (five years) had elapsed between the publication of the Reports of the Dublin and London Committees on this subject, as it increased the difficulty of comparing the series of results together.

'On the Use of the Conglobate Glands,' by Dr. Jeffry.—After remarking on the inattention of physiologists to these bodies, and the uncertainty at present existing as to their uses in the animal economy, he mentioned the fact stated by Sir Everard Home, that the thoracic duct became in one instance ruptured, as he stated, from its own muscular action; this Dr. Jeffry denied to be the true explanation of the fact, as, if it were, the occurrence would be more frequent than it is found to be, and did not believe that there is any evidence of the muscularity of the coats of the absorbents; nor will capillary attraction account for the motion of the fluids in these tubes, as it will only act for a short distance not more than five or six inches, and this too in tubes of minute calibre, much more minute than several of the absorbents were known to be. At the extremities he admitted the branches to be fine enough to act by capillary attraction, but to account for the motion of the fluids through the intermediate parts, he proposed the following causes:—First, the expanding power of the right ventricle of the heart, acting through the auricle of the thoracic duct; and, secondly, the elastic power of the conglobate glands, which draws the fluid forwards, the valves preventing a retrograde motion. He looked on these glands as little hearts, in fact, which by their expansion drew forward the fluid in the absorbents, as the greater heart did that of the veins by its expansive power; these views Dr. Jeffry said, he had promulgated in his lectures so far back as the year 1818.—Dr. THOMSON observed, that the muscularity, or at least the contractility of the lymphatics, was, he understood, now established and acknowledged as a physiological fact; he had himself observed, on opening a horse immediately after death, the larger vessels to contract on the application of stimuli; but this contractility he did not deem a sufficient force to effect the circulation within them; he believed that a "*vis à tergo*" was generated by that power at their commencement, which has been called *vital imbibition*, but these forces might not be independent of the action of the absorbent glands indicated in Dr. Jeffry's communication.—Sir CHARLES BELL said, that these glands were not found in all classes of animals, and this might be urged as an objection to the

views of Dr. Jeffry; but it would not be valid, as it frequently obtains in the animal economy, that new organs are required to carry out a greater complexity or perfection of organization. He then alluded to the fact, that the action of the absorbents was influenced by the action of the muscles of the neck, which was proved by direct experiment performed by Dr. Reid, who then detailed the experiment to the Section.

'On the diffusion of Contagious Fevers, the Laws which govern them, and the Mode by which they are communicated,' by Dr. J. Perry. —From the prevalence of fever in Glasgow, it had been supposed to labour under some peculiar disadvantages of situation, or air, or want of cleanliness, which give rise to and favour the diffusion of typhus; but this he denied, and attributed the greater prevalence of fevers in Ireland and Scotland, than in England, to the greater poverty, mendicancy, and wandering habits of the population. The period observed by the disease in its epidemic returns, he stated to be from ten to fifteen years, during which time it exists in a sporadic form, and in its epidemic about two years. That destitution alone will not produce fever, he thought proved from the condition of the Highlands, for it was stated in the report of the Highland Relief Fund, that there were 150,000 persons in a state of absolute destitution, and yet he had it on the best authority, that fever was of rare occurrence amongst them, whilst they remained in their own residence; but that when they migrated to large cities, where the disease previously existed, they were immediately seized, and thus swelled the number of victims in the hospitals. Dr. Perry, in continuation, adverted to the laws by which the specific exanthematous diseases were governed, and from the carefully recorded results of many thousand cases, he attempted to prove the strict analogy of typhus fever to those diseases. From tables elaborately drawn up, many important deductions were drawn as to the effects of age, sex, season, &c. in modifying the susceptibility of and mortality from fever; from these results it appeared, that the number of females attacked by fever under twenty years, was greater than that of the males; that between twenty and forty they were equal, and from forty the male cases predominated. All ages were subject to typhus, unless protected by previously undergoing the disease; but the mortality under ten years is not more than two per cent., and that above forty-five it is nearly fifty per cent. The eruption characterizing the disease was described, and distinguished from those many appearances which accidentally occur in fever. The contagious diffusion was demonstrated, and numerous means of checking this diffusion pointed out, both by management of the sick, and a strict and judicious system of medical police, exercised amongst the unattacked, in those districts where it is known to prevail.

CURIOUS QUESTION OF MEDICAL JURISPRUDENCE.

POISONING BY ARSENIC—(CONTINUED.)

From our Paris Correspondent.

AFTER the letter of M. Orfila, it was obvious that the proof of poison would be deemed incomplete by the jury unless confirmed by new experiments; accordingly the ADVOCATE-GENERAL moved the Court that he should be sent for, which was agreed to, but, in the meantime, other chemists of Limoges had been directed to analyse the residue of liquids administered to the deceased, and the body was ordered to be disinterred, and the viscera to be again submitted to experiment.—The following is the

report of the newly consulted chemists of Limoges, as to the analysis of the viscera of the disinterred body:—

"Gentlemen, we have divided our operation in two principal parts, which have been subdivided into others. We first treated the liver. We took two-thirds of that organ, weighing 500 grammes (a pound); having cut it in small portions, we dried them in a porcelain capsule, in which state they weighed 120 grammes. We dissolved 60 grammes in 180 of pure azotic acid of 41 degrees: we heated and evaporated this mass until we obtained a spongy friable coal, which having pulverized weighed 21 grammes. This substance was introduced into a glass *ballon*, and macerated for a night in 90 grammes of distilled water. On the following morning we boiled it for an hour, and filtered the solution through white blotting-paper in which state it was of a reddish brown. This liquid, treated by sulphuric acid, with a little of the chlorhydric, formed a brown precipitate soluble in ammonia—treated by ammoniacal sulphate of copper, it gave a green colour—treated by nitrate of silver, it gave a yellow precipitate—treated by ammoniacal nitrate of silver, it gave also a yellow precipitate.—All these precipitates became speedily brown.—We submitted to Marsh's apparatus this same liquid, which gave no trace of arsenic; but while we were employing these means, some of the experts thought they perceived an *alliacious odour*; others did not perceive it; some obtained a *brilliant brown spot, but very slight*. Dissolved in azotic acid it gave no red-brick colour by the addition of ammoniacal nitrate of silver.—We treated with distilled water a part of the viscera of the thorax and the stomach, such as a part of the heart, of the intestines, of the brain, of the bladder and lungs. Two-thirds of each of these matters were cut in small portions and placed on the fire with distilled water, which we maintained boiling for six hours, taking care to renew the water as it evaporated; after having suffered it to cool for two hours, we filtered through white blotting-paper and evaporated to dryness. We divided the mass in two portions. One of these, weighing seven grammes, was treated by 31 grammes of azotic acid; the carbonaceous substance produced was boiled for an hour in distilled water. The filtered liquor was treated by the same tests as were employed in the first operation with Marsh's apparatus, and we obtained no trace of arsenic.—We formed a new precipitate with sulphydric acid, with a small portion of the chlorhydric, which was soluble in ammoniacal water. When evaporated to dryness, it was mixed with an equal quantity of blax flux and introduced into a glass tube, which was heated to redness without producing any incrustation of metallic arsenic.—Signed Dubois, sen. and jun., Pharmaciens at Limoges; Dupuytren, Pharmacien; Lespinatz, M.D.; Massenat, M.D.; Tournadour, M.D.; Lafosse, Pilliol, Fages, Bori, Pharmaciens.

In consequence of this report the Advocate-General demanded a new analysis to be effected by Orfila, Bussy, and Olivier d'Angers of Paris. These gentlemen were accordingly sent for by telegraph. On the following day the above-named chemists of Limoges were called to give evidence as to the analysis of the tisanes and alimentary matters administered to the deceased by the prisoner.—M. Dubois made a verbal report on the result of the operations as follows: The cup in which the *lait de poule* had been placed contained a considerable quantity of arsenic. At the bottom of the cup was enough of that substance to poison at least ten persons.—The beer contained no arsenic.—The gum-water contained arsenic in small quantity.—The toast-and-water also contained a small

quantity.—The sugared-water contained none.—A packet of powder which the physician Lespinatz had taken from the chamber was pure arsenic. A packet of powder taken from a small agate box in the possession of the prisoner, and committed to the custody of M. Fleignat, was gum mixed with a small portion of arsenic; but the first chemists of Brives *had failed to detect the arsenic*. This is important to note, for arsenic may exist where blockheads fail to detect it; when Fleignat, who is a retired physician, received it, he put a pinch of it into the fire, and it burned with an alliacious odour.

M. Dubois passed round to the Court and Jury the porcelain saucers, containing the metallic spots of arsenic produced from Marsh's apparatus.—A singular fact here appeared. The prisoner confessed to have purchased the arsenic for the purpose of poisoning rats; but a paste which she made under pretence of killing the rats was analysed and contained not a particle of the poison. The report says: "The rat poison, (*mort-aux-rats*), which is a paste of almond oil and common flour, contained neither arsenic nor bicarbonate of soda.—The prisoner seems to have been determined to keep the whole of the poison for her husband. The packet of flannel, according to M. Dubois, contained no arsenic, yet the other chemists had affirmed the contrary.—The prisoner used the agate box for the purpose of containing a mixture of gum and arsenic, the gum serving the purpose of suspending a certain portion of the mineral in the tisanes administered to the deceased.—Pierre Louis Fleignat, Doctor of Medicine, and now Juge de Paix, testified that he was conducted to the deceased on the 3rd of January, immediately after his return from Paris (where he had eaten the poisoned cake sent by the wife). He was then suffering pain, and had vomited during the previous 48 hours. On a subsequent visit the deceased was much worse, and the symptoms such as to induce a suspicion that he had committed suicide by poison. Emma Pouthier gave Fleignat a portion of the powder taken from the agate box found in the pocket of the prisoner; and this was immediately discovered to be arsenic, from the alliacious odour emitted on its being thrown on burning coals. Emma Pouthier then contrived to get the box from the prisoner. A part was analysed by the first chemists, who found no arsenic in it. The part given to Fleignat was, however, found by the second chemists to contain arsenic, and these gentlemen were then directed by the Court to analyse the portion remaining in the box.—The analysis having been effected, M. Dupuytren, in the name of himself and his colleagues, addressed the Court as follows:—"We bring you the box whose contents you directed us to analyse; having dissolved a portion in boiling water, we perceived a white insoluble powder at the bottom of the vessel; but even from the solution introduced into the apparatus of Marsh, we obtained numerous metallic arsenical incrustations on the porcelain saucer, which we now hand over to the Court. The solution also treated by chemical tests was proved to contain arsenic." The ADVOCATE-GENERAL inquired whether peroxyde of iron would absorb and neutralize arsenic contained in the stomach?—M. DUBOIS replied, that would depend on the degree of oxydation of the oxyde employed. "Since our report," said he, "we have ascertained that colcothar prepared by fusing sulphate of iron to a red heat, was administered to the deceased as an antidote to the poison of arsenic. This peroxyde of iron might have formed an insoluble compound with the arsenic, so as to become indecomposable by Marsh's apparatus."

THE SURGEON ON SHIPBOARD.

To the Editor of the 'Medical Times.'

SIR,—I beg herewith to send for insertion in your useful Journal the first of a series of papers, giving the medical account of a voyage which I made as Surgeon of a merchant-ship from London to Madras, Calcutta, and China. The moderate price of the 'Medical Times,' and its extensive circulation amongst the junior members of the profession, makes me consider it the fittest channel for such a communication.—I purpose following up these remarks by some observations upon the pay of the Surgeons of merchant-vessels—the expense attending their outfit—the nature of their duties on board ship—the opportunities they possess for private study and professional improvement; and, above all, the advantages arising from a systematic disposal of their time.—Yours, &c.,

ALEXANDER GRANT, M.R.C.S.

7, Caroline-street, Bedford Square, 18th Sept., 1840.

INTRODUCTORY.—HEALTH AND HABITS OF SEAMEN.

WHEN we consider the great extent of our mercantile navy, and the number of medical men now employed in this service, we cannot help feeling astonished that science owes so little to their labours. Visiting as they do every port of any considerable commercial importance in the world, and thereby becoming conversant with disease in all its various forms, as depending upon, and aggravated by climate, season, and situation, with a moderate spirit of inquiry they might have communicated much useful information to the profession, and to the public, through the medium of our extensive periodical literature, and afforded great assistance to those entering for the first time upon similar duties, by placing at their disposal what experience they had been enabled to acquire. It is to be lamented that we possess no good work on naval medicine and surgery. The information we have upon these subjects is to be sought for either in the pages of medical journals, or in expensive treatises upon isolated subjects, such as scurvy, yellow fever, dysentery, &c. The first attempt at embodying the observations of the medical officers of the British Navy has only been lately announced as about to be published under the superintendence of Dr. Wilson. This will fill up an important hiatus in medical literature, and it is to be hoped may be the prelude to a systematic work upon the subject intended for the guidance of the surgeons of vessels. I have been in the habit of keeping, for my own satisfaction and improvement, an account of every case which came under my care, and still mindful of the painful anxiety with which I entered upon my duties on board ship, ignorant of the nature of these duties, yet acutely alive to the great responsibility which they entailed upon me; it has occurred to me, that to give a plain unassuming account of the experience which I had acquired during a voyage which occupied sixteen months, might be acceptable to many students of medicine who may be soon about to embark in a similar capacity. I do not pretend to anything original, for I have scarce moved out of the beaten tract, and my only object in publishing these observations is to give young surgeons some idea of the nature of the cases they are likely to meet with, and the treatment most applicable for them. Such information may not be without use to those who have been long in practice, but who are about for the first time to have the medical charge of a ship's company. The habits of seamen, and, I may almost add, their diseases, are peculiar, and can only be understood by those who have mingled much with them. They live a most laborious and irregular life. At a very early age they

commence their apprenticeship—long before either the mind or the body has arrived at maturity. At sea they are constantly exposed to all the vicissitudes of the weather; their sleep is short, and often broken in upon; and this want of all regular hours of labour and of rest seriously affects the seaman's constitution. In their dispositions they are most improvident and reckless, sacrificing every future consideration for the present gratification of their desires. While on board ship they have no opportunities allowed them for indulging in excesses, but no sooner are they paid, and on shore, than relieved from all restraint, they plunge into every kind of dissipation. Warm-hearted and generous, they become an easy prey to the machinations of the vilest of our species; and it is seldom that a sailor leaves off his cruise of dissipation until every farthing is spent, and he is on the verge of starvation. Then with a frame broken down, and often with the latent seeds of disease, he again enters on board another ship. There are, no doubt, very many exceptions to this, but I can confidently say that such are the dispositions of the great body of British seamen. The source of this melancholy state of degradation into which a large and most useful class of men have fallen, is to be found in the want of all moral and religious instruction; entering upon the world at a very early age, they are denied the most simple rudiments of education; few of them can write, and many cannot even read. Associated together as a ship's company always are, the young and unsuspecting are frequently contaminated, until they become initiated into every species of vice, through the influence of bad companions—thus the infection spreads, the disease is evident, but it is difficult to find a remedy. I have been led into this digression upon the habits of British seamen, with the view of correcting a very prevalent, but what appears to me a very erroneous opinion, that sailors are of a robust habit of body; my experience teaches me the contrary. I admit that they are healthy, and resist in a wonderful manner exposure to all the vicissitudes of the weather, but when they are attacked with any serious illness, they very rapidly sink under it. I have seen a strong middle-aged man rendered in twenty-four hours as weak as a child, by a slight attack of catarrh. I have seen others, young and stout, faint from the loss of four ounces of blood. Sailors in merchant ships are generally short-lived; a life of hard labour, and hard living, induces a premature old age, and they, often broken-down and dispirited, sink into the grave without any evident disease. Sailors stand depletion badly, and blood-letting cannot be carried to the extent which we often find requisite on shore. The habits of intemperance, so general amongst them, satisfactorily accounts for this. I have always been in the habit of adopting the excellent rule (or at least an approximation to it) of Dr. Marshall Hall, when about to draw blood. I make the patient sit up, and support himself by his own muscles, and allow the blood to flow until he feels faint. If the disease be inflammatory, and connected with the chest, I follow this up by the use of the tartar emetic solution in small and repeated doses. The cases treated after this manner I have always found recover better than those where bleeding had been carried to its full extent. Many cases of inflammatory disease of a slight nature, and when timely seen, have recovered under the use of the emeto-cathartic mixture alone, with the application perhaps of a blister or sinapism. These remarks, however, are not altogether applicable to sailors in ships of war; there the duty is, comparatively speaking, light, as much from the nature of the service,

as from the large complement of men on board. It is the interest of the owners of merchant vessels to have only just sufficient hands to work the ship; the duty is therefore not only severe at sea, but more so in harbour, where the men have the discharging and reloading of the cargo: this in a tropical climate is very injurious to the European constitution.—In ships of war also the habits of regularity and cleanliness, so strictly enjoined by the rules of the service, tend greatly to the preservation, and improvement of the health. There are at present a great many foreigners in the employ of British merchants; they are chiefly Dutch, Swedes, and Finlanders, who, encouraged by the better wages, have entered our service. They are generally a sober, quiet, and industrious class of men, and enjoy a great degree of health.—The ship's company placed under my medical charge amounted, when we left England, to 103, including officers, servants, and seamen. In my next I may proceed to give an account of the diseases which occurred amongst them.

PUSTULES FOLLOWING THE INTERNAL USE OF TARTARIZED ANTIMONY.

To the Editor of the 'Medical Times.'

SIR,—If you think the following worthy of publication, you will oblige me by inserting it at your convenience.—Yours truly,

GEORGE FRAZER BRADY.

Lifford, Sept. 10th, 1840.

During last winter, I had a case of pneumonia of the left lung under my care, which did well after being actively treated with tartarized antimony and repeated bleedings. I pursued Rasori's plan, and on the whole, my patient got 130 grains of the antimony in the course of three days. About six days after the administration, and when he was convalescent, pustules similar to those produced by the ungt. ant. tart. appeared on the extremities and chest, and a blistered surface became so irritable, that the patient was actually writhing with the pain; that this was produced by the internal use of the antimony, I have not the least doubt and although I never saw pustules produced in the same manner before, yet I have often remarked that a blistered surface is much more painful during the internal use of antimony in large doses. I hope that this will induce others who may have observed similar appearances to publish them.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 26th September, 1840:—

Epidemic, endemic, and contagious diseases	185
Diseases of the brain, nerves, and senses	138
Diseases of the lungs, and other organs of respiration	207
Diseases of the heart and blood-vessels	14
Diseases of the stomach, liver, and other organs of digestion	80
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	1
Diseases of uncertain seat	120
Old age, or natural decay	52
Violent deaths	21
Causes not specified	1

Deaths from all causes..... 838

TO CORRESPONDENTS.

THE MEDICAL SECTION of the British Association for the Advancement of Science afforded many good papers. Our own reporter has furnished us with abstracts of the more valuable ones, some of which are inserted in another part of our Journal.

S. K. is thanked for his kind letter. As soon as it can be done safely, it will be done. There is nothing to fear.

MR. INGOLDSBY'S book has come to hand.

MR. BRAINE, of Lowestoft, is mistaken. No such notice appeared.

W. R. G.—We hope to receive news from him.

Mr. Jacob—J. S.—W. W.—Mr. Stevenson—A Junior Member—A Young Practitioner—A Constant Reader, and several others, shall be answered in our next.

R. A. T.—Apply to any hospital-surgeon. It would be unfair to particularize, where all are competent to such a case.

AN IRISH SUBSCRIBER, in obliging us by post, with a copy of the 'Leinster Express,' containing a short report of a meeting held in Maryboro, the 1st ult., says,—“No doubt you will consider it of sufficient importance to notice it in the 'Medical Times,' but I will go further, and request that you will be so good as to do so in an effective manner, and if you have space, perhaps you would publish the declaration in full.—If steam is upon iron as well as sea to unite us, it should be in reality as well as name. Our English brethren should feel as much interest in our affairs as we do in theirs; but our periodicals should be freely exchanged. A country practitioner, I receive three weekly from London, besides monthly's and quarterly's. The only complaint I have is, that in return I receive, with the exception of your Journal, 'insult to Ireland.'” We regret our inability to find space for the report in the present number.

J. K.—The propositions themselves are sufficiently intelligible in their naked form. They are as follows:—1st. The pathology of the brain is in many instances intimately connected with, or dependent upon, pathology of the heart.—2nd. To limit the pathological relation existing between these two important organs to apoplexy, the result of hypertrophy of the left ventricle of the heart, is to narrow it much within its true limits.—3rd. Ramollissement of the brain occurs in connexion with diseases of the heart, whose effect is either directly or indirectly to diminish the flow of blood to the head.—4th. This cerebral lesion may be connected with either disease of the aortic or mitral valve.—5th. Hypertrophy of the left ventricle of the heart, in order to produce apoplexy, must depend upon some impediment to the circulation, placed at a greater distance from the heart than the origin of the vessels which convey the blood to the brain.—6th. When ramollissement of the brain occurs, in connexion with an imperfect or patulous condition of aortic valves, the close analogy that we trace between the physical signs and constitutional symptoms of this lesion and hæmorrhage, as well as the results of treatment, render it very improbable that the disease of the brain is the result of too much blood driven to it, and with undue force.—7th. When ramollissement of the brain occurs, in connexion with disease of the mitral valve, the state of the pulse, which as a diagnostic mark of this lesion, is habitually small, precludes the idea that the cerebral lesion is produced under the usual conditions of inflammation.—8th. While ramollissement of the brain occurs as a result of inflammation, hyperæmia, &c., it occurs also under diametrically opposite circumstances.—9th. To confound such opposite modifications of disease, and to apply to them the same treatment, must necessarily lead to the most mischievous practical results.—10th. The circumstances under which we have seen ramollissement of the brain to take place, seem to identify it with gangrene, or death of a part consequent upon a diminution of its due supply of blood.

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THE MEDICAL TIMES.

INTERNAL REFORM OF THE PROFESSION.

THE Warburtonian "Medical Reform" Bill, which occupied so much space in our last, requires more time for digestion than has yet elapsed. Its clauses are so numerous—involve so many contradictions—and are replete with so much that is defective in theory and inapplicable in practice, that with a passing word on the palpable absurdity of adding *one more* to the present host of examining bodies, we suspend our analysis. We shall thus obtain an opportunity of contrasting it with another reform project broached by Dr. Webster, and propounded to the British Medical Association, and which, we presume, is to be regarded as conveying to a great extent the opinions of that body. In the interim let us take a *retrospect* of what we have advanced on the subject of Ethical or Internal Reform.

We concluded our last paper with recommending DISCRETION, which is the 'sapientia' of Cicero, as the most judicious principle and means of counteracting the low cunning of vulgar Astutes and Quacks, in the case of competition and collision of interests. It is perfectly open to honourable men also to exercise *policy*, *expediency*, and what is also called *tact*, in opposition to these characters. But retaliation by imitating the artifices, tricks, and chicanery of those who fight the *low game*, so to speak, in practice, even if justifiable, falsifies and degrades the retaliator, who is bound to fight the *high game*, generally fails, and is a sign of defective and unsound worldly judgment. By duly weighing and extending all the means that these four principles, thoroughly well understood, will suggest, it is strange if their adoption do not, sooner or later, here or there, counteract the movements and machinations of Astutia or Quackery.—We have now published six papers on the PHILOSOPHY of

MEDICINE, and the art of discerning and discriminating the 'cunning from the uncunning,' which mankind seem to know little about. Let us pass for a moment from the Augean stable, which we have been endeavouring to cleanse, and leaning on our "huge Herculean club," gnarled, knotty, and unwedgable, calmly report progress; review what we have propounded, and ask, whether we have not taken sweet council and communing together with the scornful nymph, Philosophy, in the shape of TRUTH, and her daughter, REASON; whether we have not accompanied the mother, as, Camilla-like, she flies above the world's surface, and, severe in youthful beauty, turns her head on one side, casts a glance at poor deluded man, holds up her mirror, and flashes the resemblance of his ignorance, blindness, and error on his vain and reluctant vision? In the preceding papers we have defined two broad classes of men, composing the medical profession; the first class consisting of regular honourable and elevated men in mental and moral character on the one side, and Astutes and Quacks on the other. Both have existed together from the time of Hippocrates, the father of the regular profession, who first notices the above distinction between the two classes. If the illegitimate sons of medicine, that is, Astutes and Quacks, have formed a very large proportion, perhaps a great majority of the profession; if artifice, low cunning, humbug, imposture and fraud, have predominated in the profession of medicine in all countries and all times, past as well as present, and in England more than any other civilised country, there must be some grand cause for it in the very constitution of human nature! We have discussed the principles and peculiarities of opinion and feeling among the people, in the choice and judgment of different medical men; we have relied solely on the evidence of facts and documentary statements, amounting to the doctrine of general results, which is more than the certainty of presumptive evidence of brass walls or steel, against which none but fools choose to run their heads, and knock their brains out.—We do not hesitate to pronounce on these premises, that the abuses and deficiencies of medical practice, and the degradation and debasement of the profession, in different countries, have been owing, first and last, to the *ignorance*, *gullibility*, *fickleness*, excessive *prejudice* and *false judgment* of mankind; causing the preference of *vulgar notoriety* to *fame* and *pure repute*, the itch for *novelty*, and the search for the *miraculous* and *infallible*!

FISSURES OF THE ANUS, AND OBSTINATE CONSTIPATION CURED BY RATANHIA.

CONSTIPATION is sometimes accompanied by a considerable dilatation of the intestine immediately above the sphincter. In this dilated part the faeces collect, and their discharge is productive of great pain. M. Bretonneau succeeds in the cure of this complaint, whether accompanied by fissures or not, by the injection of an astringent solution of extract of ratanhia, with a portion of tincture.—But the ratanhia is useful also in fissures unaccompanied by the dilated intestine, or the constipation just described, of which the *Gazette Medicale* supplies the following example:—A young female had a fissure of the anus. The orifice was greatly contracted, and the introduction of the

finger occasioned violent pain. The discharge of the fæces was accompanied by a small quantity of blood, and was extremely painful, causing nausea and great prostration of strength. The margin of the anus was the seat of continual itching, and darting pains. About three months previously she underwent the excision of the fissure, without relief. Belladonna ointment, baths, fumigations, and glysters, have also proved unavailing.—On her admission into the Hospital St. Antoine, a small injection was prescribed, which contained a tablespoonful of an alcoholic solution of extract of ratanhia (20 grammes of extract to 50 of alcohol). This treatment being continued for several days, rapidly relieved the itching of the anus, and the pain which accompanied the discharge of fæces. The fissure entirely disappeared on the tenth day of the treatment.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, October 2nd, 1840:—

John Wrixon.—Heynes Roger Hardwicke.—Richard De Courcy Peele.—Joseph Samuel Waterhouse.—George Augustus Ibbotson.—John Hay Cale Paul.—George Harris Strange.—Samuel Marsden Hallsworth.—Alexander Adam Prout.

MEDICAL PRACTICE IN CIRCASSIA.—“We stopped for a few moments at the house of a Circassian who was ill, and whom my companion wished to see. I was astonished at the noise that issued from within; young people and children were occupied in all sorts of noisy games, whilst the physician, gravely seated by the invalid, only articulated now and then one or two words. His place is held sacred; no one dares take it if he goes away; any one presuming to profane it by taking possession of it, would be obliged to pay him a considerable sum. They treat their patients with simples and amulets: for the cure of certain fevers they place great faith in some ancient tombs, and in the ruins of ancient monuments, where they send their sick to sleep for several nights. During my first journey to Ghélendjik, a Circassian asked me for a remedy, or some prayer for a relative, who had been for a long time suffering from a disease which he could not exactly explain to me. As I had no kind of medicines on board, I decided on praying for him, which might satisfy him, without the possibility of doing him any harm. It was done with all the gravity of a doctor, and received very respectfully by the man, who did not know how sufficiently to express his gratitude. On returning to the Crimea, I thought no more of this amusing adventure; but one day the same man came to remind me of it, by bringing me some eggs and cheese from his relation, who had been entirely cured. Although I was astonished at this cure, I thought I might indulge a little further in my quackery, and I answered, that I knew beforehand that it would succeed.—The ceremony is different for a wounded man: he must have no arms in his house. At his door there stands a plate full of water, in which are placed an egg with a ploughshare at the side; every one, before entering, strikes it three times with the end of his fingers, and throws water into the room. Young boys and girls play, sing songs composed in honour of the wounded man, and amuse themselves also by giving bites to a round cake suspended from the ceiling by a string.—The custom of making a noise in the room of invalids, is found among some other nations more or less civilized than the Circassians, who pretend by this means to drive away the evil spirits.”—*M. de Marigny.*

SURGICAL ANATOMY OF HERNIA,

BY G. D. DERMOTT.

Illustrated by Engravings.

Being Three Lectures to contain an Examination of the opposed Opinions of Cloquet, Guthrie, and Sir Astley Cooper.

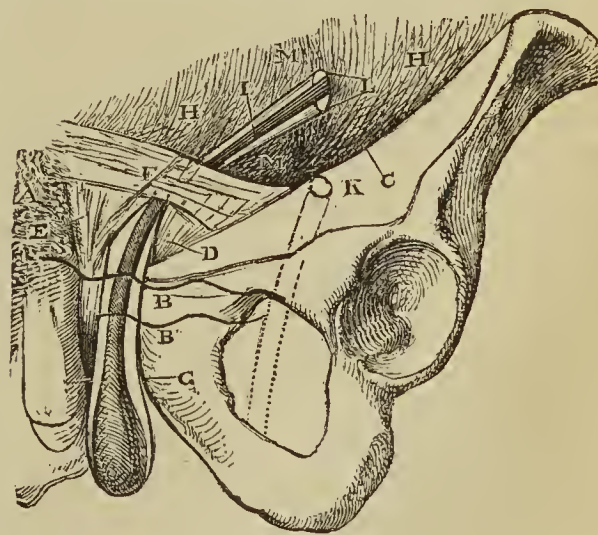
NO. I.—OBLIQUE INGUINAL HERNIA.

A HERNIA is the protrusion of a viscus or of viscera, from a natural cavity or position, through some opening. The viscera of the abdomen may protrude through various parts of the parietes of the abdomen.—The causes producing hernia of the abdominal viscera may be arranged into, first, *predisposing causes*, relaxation or debility of the muscular parietes of the abdomen, produced either by position or disease; and, secondly, *exciting causes*, which tend to diminish the capacity of the abdomen relatively to its contents. When the abdominal muscles are called into a strong state of contraction, as, for instance, in stiffening the trunk so as to support an adventitious load, or to effect some especial muscular exertion, and when, contemporarily, the diaphragm is called into a strong state of contraction, a full inspiration being taken, both the longitudinal diameter (by the contraction of the diaphragm), and the antero-posterior diameter (by the contraction of the abdominal muscles), are diminished; and the abdominal viscera compressed between the descending diaphragm and the contracting abdominal muscles anteriorly, and the resisting or supporting levatores ani, inferiorly, are so pressed upon in every direction, that some viscus or viscera may be protruded by the combined power of all those muscles acting as from a circumference towards a centre, through the weakest and most debilitated part of the parietes of the abdomen. Straining habitually at stool may produce a rupture, because the capacity of the abdomen is suddenly disunited by the contemporary contraction of the abdomen and abdominal muscles. A person with stricture habitually straining in evacuating his urine, is liable to hernia for the same reason. Pressure from within the abdomen will also produce hernia, as, for instance, the distended uterus; so will also pressure from without, as, for instance, a sailor resting his abdomen upon the yard-arm of a ship; because all these exciting causes which I have mentioned lessen the capacity of the abdomen relatively to its contents. It must, however, be recollected that hernia is generally developed by these causes gradually, not suddenly. According to the calculations of our best English authority, Sir A. Cooper, about one person in fifteen is affected with hernia, and the frequency with which it occurs in the right side of the abdomen compared to the left is nearly as two to one.

The different kinds of hernia formed of the abdominal viscera may be distinguished according to their locality, as follows:—1. Hernia protruding through the abdominal canal and rings into the scrotum, is called *Oblique Inguinal Hernia*; the first stage, protruding through the internal abdominal ring into the abdominal canal, is termed abdominal hernia, or hernia in the canal; the second stage, when it emerges from the external abdominal ring by the side of the penis in the male, and mons veneris in the female (should it occur in the latter, which it very seldom does), is termed bubonocoele; the third stage, as it descends into the scrotum, is termed oscheocoele, or scrotal hernia; if into the labium, labial hernia. 2. A hernia which only protrudes through the external abdominal ring in its descent to the scrotum or labia pudendi, is termed *Direct Inguinal Hernia*. 3. A hernia protruding through the crural rings and crural canals under Pou-

part's ligament into the groin, is termed femoral hernia. 4. Hernia protruding through the umbilicus, or through the linea alba, near the umbilicus, is termed *Umbilical Hernia*. 5. Hernia may protrude spontaneously through uncertain parts of the parietes of the abdomen, these are called ventral hernia; they generally occur where the transversalis abdominis terminates in its tendon; they generally occur when the patient has undergone emaciation, owing to the absorption of fat from between the muscular fibres weakening the abdominal parietes. 6. A hernia protruding through the foramen thyroideum, *Thyroideal Hernia*. 7. A hernia descending into the perineum, between the bladder and rectum in the male, and between the vagina and rectum in the female, is called *Perineal Hernia*. 8. A hernia protruding into the vagina, *Vaginal Hernia*. 9. A hernia protruding through the ischiatic notch, *Ischiatic Hernia*. 10. *Prolapsus Ani* is a species of hernia. 11. A hernia protruding through the diaphragm, *Diaphragmatic or Phrenic Hernia*. 12, 13. *Meso-colic and Mesenteric Hernia*, where there is a preternatural hole in the meso-colon or mesentery, and a neighbouring convolution of intestine becomes protruded through the aperture so as to be entangled, and sometimes strangulated in it. 14. *Hernia Diverticuli*. This may take place when a diverticulum ilii exists. A diverticulum ilii is a lusus consisting of a preternatural process or prolongation extending off from the side of the intestine, and ending in a blind pouch or cæcum. The extremity of this preternatural prolongation may gain a connexion by adhesive inflammation with a contiguous convolution of intestine, so that the two together shall form an aperture through which another convolution may obtrude and become strangulated; this constitutes hernia diverticuli.

What I direct your especial attention to in this lecture is, the anatomy of oblique inguinal hernia. This morning, I demonstrated the abdominal muscles—now it is the lower parts of the same muscles, together with certain fasciæ which are more particularly implicated with oblique inguinal hernia, and these we must most scrupulously examine.—First, then, the fascia superficialis is composed of loosely inter-



secting and somewhat condensed cellular fibres, in the areola of which fat is generally deposited. It is thickest and strongest on the lower part of the front of the abdomen, and the upper part of the front of the thigh or groin, in correspondence, in fact, to the exit of inguinal and femoral hernia; if we trace it upwards upon the external oblique, we find it becoming extenuated and loosened in structure, and continuous with the subcutaneous cellular tissue upon the pectoralis major muscle; if we trace it downwards from the groin upon the fascia lata on the front of the thigh, we find it continuous with the subcutaneous cellular tissue of the leg; it is also

traceable inwards, from the groin, as an uninterrupted stratum across the spermatic chord in the male, so as to become continuous with the Dartos muscle of the scrotum; in fact, the Dartos muscle is nothing else than a continuation of the fascia superficialis with the admixture of a few intersecting muscular fibres. I may add, although the observation is not immediately connected with the present subject for lecture, that the fascia superficialis, after forming the Dartos, is continued backwards free of muscular fibres over the perinæum, bearing the name of the superficial perineal fascia, adhering laterally to the ascending rami of the ossa ischii, and descending rami of the ossa pubis, and becomes combined with the deep perineal fascia or the triangular ligament of the urethra, immediately behind the posterior edges of the transversales perinei muscles. It, by this arrangement, along with the deep perineal fascia, forms a *complete bag* for the accumulation in the scrotum and perinæum of extravasated urine, when the membranous portion of the urethra gives way behind the stricture.

Well, then, in the dissection of the parts of hernia, we find this superficial fascia upon the lower part of the front of the abdomen, and upper part of the front of the thigh, immediately beneath the skin. The contents of this fascia superficialis on the lower part of the front of the abdomen are, the external epigastric artery and vein, and the upper tier of the superficial set of inguinal lymphatic glands. These glands are those which become affected with bubo, in case of a venereal sore on the penis; whilst those more inferiorly situated in the groin, are affected in case of an irritating sore of the superior extremity: this upper tier nearly corresponds to Poupart's ligament, or is situated just above it. This you see, gentlemen, is the external epigastric artery; it arises from the upper and anterior part of the common femoral artery; is continued upwards in the fascia superficialis anteriorly to Poupart's ligament, and to the tendon of the external oblique, and is dispersed promiscuously to the fascia superficialis, and common integuments upon the lower part of the front of the abdomen. It is stated by the vast majority of anatomists and surgeons, that this artery is divided in the commencement of the first incision for oblique inguinal hernia; such is *not* the case; in fact, you, who know anything about the locality of the incision for this operation, and viewing as you now do the course of the artery, must be convinced that, in ordinary cases, it will not be divided. The external epigastric vein descends through the superficial fascia, generally at some distance from the artery, making a blue line beneath the skin, and terminating in the common femoral vein. The artery is insignificant as to size, when divided in an operation; should it bespatter your cravat, you may tie it.

With regard to the contents of the fascia superficialis in the groin, we have, besides a great many of the superficial lymphatic glands between its loosely-arranged laminae, and besides fat, the two external pudic arteries, their recurrent veins, the vena saphena major, and the stream of superficial absorbents from the inferior extremity. These are the two external pudic arteries (Diag. 1, BB); they arise from the inner side of the common femoral artery, generally escape from beneath the fascia lata, through the external crural ring, and are subsequently, you see, continued inwards in the continuation of the fascia superficialis across the groin, and next across the spermatic chord; the superior to be distributed to the common integuments and fat immediately above the root of the penis and to the dorsum of the penis; the inferior to be distributed to the common

integuments and Dartos upon the front of the scrotum. These two arteries *must* be divided during the first incision, both for inguinal and femoral hernia; if they fill the wound with blood, tie them at once, because you must distinctly see what you are about. There is sometimes only one external pudic artery; they are variable as to size. This is the vena saphena major; it shall be dealt with when we come to the parts of the femoral hernia, my object is now the consideration of inguinal. It must be remembered how variable as to quantity the fat is in the fascia superficialis; sometimes it is deposited so abundantly as to completely bury and conceal the component fibres of the superficial fascia in which it is deposited, and then we can identify nothing but a thick subcutaneous stratum of fat; at other times, we find the fascia completely free from fat. It somewhat strengthens the parts of the body which it covers, and assists in plugging up the apertures through which hernia protrude.

I now reflect the fascia superficialis from the lower part of the front of the abdomen and pubes, and expose completely the tendon of external oblique. You know, from what you saw this morning, and as you see now, that the lower part of the external oblique is inserted muscularly into the two anterior thirds of crista of the os ilium; that it then becomes suddenly aponeurotic, where it is inserted into the anterior superior spinous process of the ilium; that the aponeurosis covers the anterior part of the abdomen; that the lower edge of this aponeurosis extends from the anterior superior spinous process of the ilium downwards, inwards, and forwards, (Diag. 1, 2, 3, c) under the name of Poupart's ligament, to be inserted into the tuberosity or angle of the os pubis; you observe, moreover, that the stronger series of fibres of this broad, flat tendon of the external oblique take the same direction as the fibres of the belly of the muscle, and that the tendon just above the pubes splits into two flat angular-shaped portions, one (D) inserted into the tuberosity or angle of the os pubes, and which is one in substance with the inner extremity of Poupart's ligament, constitutes the *outer or inferior column of the ring*, the other (E), inserted into the symphysis pubis, is the *internal or superior column of the ring*; the space produced by the splitting betwixt these two angular-shaped portions of the tendon is the *external abdominal ring*, through which you see the spermatic cord escaping. The angle of the ring so called, which is the point of splitting, is directed upwards and outwards, in a line a little above the anterior superior spinous process. This angle is generally rounded off by a strong fasciculus of tendinous fibres (Diag. 1, 2, F) arising from Poupart's ligament, and passing upwards and inwards, so as to decussate the longitudinal nearly at right angles. This peculiar fasciculus does not always exist; but when it does, in old cases of inguinal hernia strangulated at the external abdominal ring, it contributes much to the stricture. The spermatic chord, you see, makes its exit from this ring, and descends into the scrotum to the testicle.

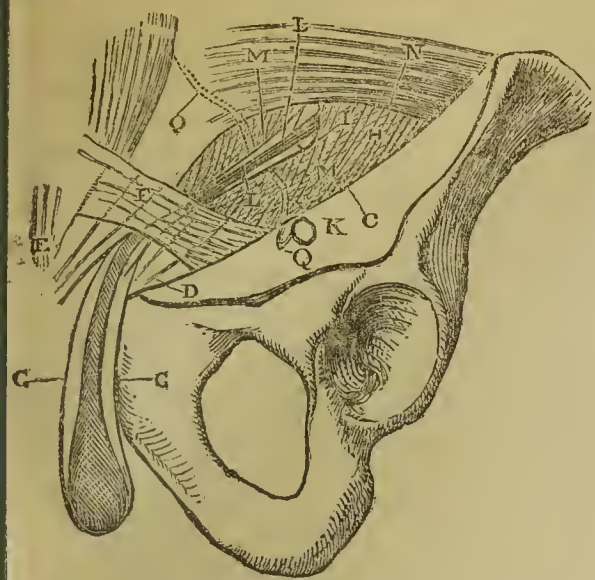
Derived from the circumference of the external abdominal ring, you have a delicate aponeurosis, termed fascia spermatica, which descending surrounds the spermatic chord precisely, it is said, as the finger of a glove does a finger, and finally terminates by expanding upon the tunica vaginalis testes. Now, although it does completely surround the spermatic chord, it accepts of a combination posteriorly behind the chord with the corresponding part of fascia lata femoris; you see, I cannot freely pass the handle of the scalpel behind it, because this combination or interchange of fibres prevents:

this, the *fascia spermatica* (GG), is also called the *intercolumnar fascia*.—I must now direct your attention to the fascia transversalis, (Diag. 1, 2, HH) a most important fascia—it commences from the posterior edge of Poupart's ligament nearly the whole length of the latter, and passes upwards in form of a continuous sheath of fascial substance anteriorly to the peritoneal sac, and behind the abdominal muscles—immediately behind the transversalis abdominis, it becomes extenuated as it thus ascends and gains an attachment superiorly to the cartilaginous margin of the thorax. But there is a breach of continuity in this the fascia transversalis, which is an oval-shaped aperture, termed the *internal abdominal ring* (Diag. 1, 2, I); it is situated at the mid point, between the anterior superior spinous process of the ilium and symphysis pubis, about three-quarters of an inch above Poupart's ligament, and in a perpendicular line with the common femoral or inguinal artery; this is the point at which the spermatic chord makes its exit from the cavity of the abdomen, also oblique inguinal hernia; it is situated about three inches from the anterior superior spinal process, and about the same distance from the symphysis pubis.

The space between the two abdominal rings is called the *abdominal canal*; and allowing one inch on an average for the extent of the external abdominal ring, two inches will be left for the abdominal canal, or for the space between the internal abdominal ring and the angle of the external.—This the spasmodic chord (Diag. 1, 2, L), you see, passes from the internal abdominal ring obliquely downwards, forwards, and inwards, through the abdominal canal, to and through the external abdominal ring.

Derived from the substance of the circumference of the internal abdominal ring, in other words, from the fascia transversalis as constituting the circumference of the latter, we have the *fascia of the canal*; this the *fascia canalis* (Diag. 1, 2, M) commences from the circumference of the internal abdominal ring; it descends closely surrounding the spermatic chord in the abdominal canal (just as the fascia spermatica surrounds the chord below the external abdominal ring), and becomes the *membrana propria* of the chord in its descent to the testicle. Although I have described the fascia of the canal to be surrounding the spermatic chord within the canal, still it enjoys a very strong and close adhesion posteriorly, if not a combination of substance, with the general continuity of the fascia transversalis; this has not heretofore been sufficiently attended to; you see I cannot pass the handle of the scalpel behind the chord in the canal, without a positive laceration of aponeurotic substance.—We have, in the next place, to attend to the precise locality at which the lower edge of the transversalis abdominis crosses the canal; next the point at which the internal oblique crosses the canal; thirdly, the precise manner in which the cremaster muscle arises; and fourthly, the point at which the internal epigastric artery crosses the canal.

You see that the lower part of the transversalis abdominis arises from the whole length of the inner edge of the crista, from the anterior superior spinous process, and generally from about the outer inch of Poupart's ligament; you see that the lower edge of the transversalis abdominis, after so arising, passes inwards transversely across the commencement of the abdominal canal and spermatic chord, just anteriorly to the upper side of the internal abdominal ring (Diag. 2, N), that it becomes aponeurotic, and then arching somewhat downwards, is inserted in the symphysis and crista,



behind the external ring. The internal abdominal ring is often the seat of strangulation; generally the lower edge of the transversalis abdominis is *muscular*, as it crosses the ring, but sometimes it becomes *aponeurotic* just before it crosses; at other times it becomes tendinous, just as its about to cross, and after having crossed, it becomes muscular again, so as to constitute a small *tendinous* frænum, as though it were expressly for the purpose of producing stricture; sometimes the strangulation is formed at this point by a thickening of the circumference of the ring itself, or more frequently by a thickening of the neck of the internal sac, within the circumference of the ring; the stricture is much more frequently situated at the internal abdominal ring, than at any other point of the canal.—The oblique internal abdominis (Diag. 3, O). The lower part of this muscle is seen arising from the whole width and length of the crista of the os ilium, and in the form of a continuous muscular stratum from the anterior superior spinous process, as well as from the posterior edge of Poupart's ligament nearly its whole length, that is, nearly as far inwardly as the angle of the exterior abdominal ring; the *lower fibres* from Poupart's ligament pass inwards and downwards obliquely across the spermatic chord, in the *lower part of the abdominal canal*, just behind the angle of the external abdominal ring, to be inserted into the crista of the os pubis. Thus, as the internal abdominal oblique crosses the spermatic chord in the *lower part* of the canal, when you slit up the tendon of the external oblique you see next to nothing but the lower part of the interior oblique muscle, for this covers and conceals the chord in the abdominal canal, and with the tendon of the external oblique bounds the canal anteriorly.—As the internal oblique thus crosses the spermatic chord in the lowest part of the canal, a vast number of anatomists describe the lowest fibres of the interior oblique to be prolonged downwards upon the front of the chord, through the exterior abdominal ring; under the name of the cremaster muscle (Diag. 3, P), and to terminate upon the spermatic chord and tunica vaginalis testis in the form of inverted loops. But we must be more precise as to the exact origin of the cremaster muscle. It is true that many of its fibres are generally a prolongation of the lowest fibres of the internal oblique, i. e., those which arise from Poupart's ligament nearest to the angle of the external abdominal ring; but in the majority of cases it has also a distinct origin from Poupart's ligament betwixt the organs of the internal oblique and transversalis abdominis; and, 3rdly, it is sometimes partially formed of the prolongation of the lowest fibres of the transversalis abdominis, as the latter is about to cross the commencement of the abdominal canal; but this is not gene-

rally the case; hence the apparent confusion which sometimes exists in dissection betwixt the lower edges of the transversalis abdominis and obliquus internus; after the cremaster has so arisen by a single, a double, or triple origin, you have the fibres extending through the external abdominal ring upon the chord, within the sheath of the fascia spermatica, and forming a succession of inverted loops upon the chord and tunica vaginalis testis, then ascending again in a retrograde direction upon the chord through the external abdominal ring, they become inserted behind the inner column of the ring into the crista of the os pubis: it must be observed also, that there are some inverted loops upon the back of the spermatic chord and tunica vaginalis testis. We next direct our specific attention to the internal epigastric artery (Diag. 3, QQ), an artery of



great surgical importance; it arises from the inner side of the termination of the external iliac artery, first bends downwards around the inner side of the termination of the external iliac vein, as though it were crouching beneath the peritoneal sac; then, you see, mounts upwards and inwards behind Poupart's ligament, and gets involved in the fascia transversalis, is continued upwards and inwards in the same direction, in the substance of the fascia, ascending in regular succession; *first*, behind the lower part of the internal oblique (as the fibres of the cremaster are prolonged from it, see Diagram 3), next behind the pubic side of the spermatic chord (Diag. 2, L); *next*, behind the lower edge of the transversalis abdominis (Diag. 2, N); *next*, obliquely, upwards and inwards in the same direction, behind the linea semilunaris, comes thereby in contact with the lower part of the back of the rectus abdominis, where the sheath is absent, subsequently ascends insulated in the posterior surface of the rectus, gradually sinks into its substance; and in the upper part of the rectus abdominal muscle makes numerous and free inosculation with the terminations of the internal mammary artery; as the internal epigastric artery passes the chord in the abdominal canal, it gives downwards a small branch *ramusculus spermaticus*, to supply the cremaster muscle in its descent upon the chord.

Oblique inguinal hernia bursts through the internal abdominal ring, protruding the peritoneum before it in the form of a sac, and emerges from beneath the lower edge of the transversalis abdominis muscle, continues its course downwards through the abdominal canal upon the front of the spermatic chord, within the fascia canalis, and by the outer side of the internal epigastric artery, pushing the latter inwards in the form of a semicircle, which surrounds the inner side of the neck of the sac; next glides beneath the lower part of the

oblique internal abdominis, becoming clothed by the cremaster, afterwards bursts through the external abdominal ring, where it becomes ensheathed within the fascia spermatica, covered by the fascia superficiales and common integuments, and presents itself, in the form of a circumscribed tumour, laterally to the root of the penis in the male, or should it occur in the female (which it very seldom does), laterally to the mons veneris; it is afterwards continued downwards still upon the front of the chord ensheathed within the cremaster muscle and fascia spermatica, and covered still more superficially by the fascia superficialis and common integuments, until it becomes fairly bagged in the scrotum. The first stage of the descent of this hernia, whilst it is in the abdominal canal, before it makes its exit from the external abdominal ring, and as it is consequently covered by the tendon of the external oblique, is termed, for the sake of distinction, *abdominal hernia*; as soon as it protrudes through the external abdominal ring, and gets fairly ensheathed within the cremaster and fascia spermatica, it is termed *bubonocoele*; and when in its third stage, it gets lodged in the scrotum anteriorly to the tunica vaginalis testis (as you see by this diagram), it is termed *oscheocoele* or *scrotal hernia*.

THE BLOOD.

THE *Revue Scientifique et Industrielle* gives the following summary of the important researches of Messrs. Andrel and Gavarret on the blood.—In 200 patients, the authors obtained the following results. In one part of blood, the *fibrine* varied from the 1-1000th to 10-1000th parts; the *globules* from 21-1000th parts to 185; the *concrete matters of the serum* from 57 to 104; water from 725-1000th parts to 915. These four distinct elements do not exist in any constant proportion with each other. One may diminish, while the other augments, or remains the same. The fibrine may become more abundant, while the number of globules diminishes; and at other times, the globules may abound and the fibrine diminish.—These gentlemen divide disease into four classes, solely from the changes which they induce in the blood, or from the state of the blood, either as cause, or effect, or symptoms.

1. The first class includes symptoms in which fibrine is constantly augmented, as in *phlegmasia*. Whenever the blood presents more than 5-1000th parts of fibrine, M. Andral declares that there is phlegmasia; when the number is below 4-1000th parts, inflammation does not exist.

2. The second class comprehends diseases where fibrine is diminished, as in fevers or *pyrexia*.

3. The third class consists of diseases where the diminution of the *globules* is evident, as *chlorosis*, *dropsy*, and *saturnine affections*.

4. In the fourth class, the authors place morbid affections where the alteration of the blood is confined to the serum, which becomes less rich in albumine; such is the disease of Bright, or *albuminurie*.

CHEMISTRY AND PHYSIOLOGY OF DIGESTION.—A committee, consisting of Professor T. Thomson, Dr. Prout, Professor Owen, Professor T. Graham, and Dr. R. D. Thomson, has been appointed by the British Association, with a grant of £200, to make a series of experiments on the chemistry and physiology of digestion, and to bring over from America Alexis St. Martin, the individual mentioned by Dr. Beaumont, in whose stomach a perforation exists. We shall refer to these experiments, in connexion with Dr. Combe's volume on Digestion.

REVIEWS.

A Guide to Madeira, &c. By W. W. COOPER, M.R.C.S. Smith and Elder.

THE prevalence of pulmonary disease, and the frequent prescription of a warm climate, has rendered Madeira a common resort of invalids; yet notwithstanding we had no 'Guide.' This Mr. Cooper has furnished. As it is not a strictly professional work, we shall content ourselves with an extract or two which contain useful facts:—

ADVICE TO VISITORS.

Invalids should be provided with warm clothing as well as light apparel, for the hot weather; they will often need it; as when the wind blows from the north-east, the air is very chilly. Calico shirts are the best; and if it is proposed to spend the summer upon the island, a few jean jackets will be serviceable.—They would do well to provide themselves with some aperient pills for the voyage, as it frequently happens that they are much required on board ship, and it is always advisable to take some gentle aperient medicines after the sea-sickness has passed away. Medicines of all kinds are excessively dear at Madeira, and therefore a small chest fitted up with some of the most important, would be very useful to the traveller.—Invalids who require an easy chair, should bring one out with them, as they are not to be procured on the island. If they propose to take a house, they should provide themselves with bed and table linen, as well as plate; but of the latter the smallest possible quantity, as the duty on it is enormous. The duties on all kinds of furniture and cloths are also very high if sent out; but it would be an act of great injustice to the officers of the custom-house if I did not bear testimony to the handsome manner in which they behave to visitors on their arrival, giving but little trouble, and allowing considerable latitude in the articles brought out.—Cheese, butter, and hams are very dear, and very inferior at Madeira, and it would be well worth while to bring some of those articles with them. The same observation applies to beer and porter, but these should be in bottle; although I understand that an alteration is about to be made in the tariff, which will remove the present prohibition on those liquors when in cask. French brandy, too, is very difficult to get.—The houses generally are not provided with bells, and a few hand-bells would be useful.—With respect to servants, if invalids bring them out with them, they should be especially careful to select those who are to be depended on for steadiness and sobriety. If they know cooking so much the better. Travellers have been generally recommended to take sovereigns to Madeira; but the new South American States' dollar having been recently made current there, as well as the old Spanish doubloon, half, and quarter doubloon, these will prove a far more desirable coin to take to the island than the sovereign, upon which a loss is sustained; and I can say with confidence, that it would be far more convenient to the merchants there, if visitors would provide themselves with money, rather than letters of credit, upon which also a considerable loss is frequently sustained in the exchange.

ACCOMMODATION—PRICES.

The British merchants have established a library and reading-rooms, to which visitors are admitted by ballot. The subscription is fifteen dollars for six months, and the leading English newspapers and periodicals are taken in.—There is also a Portuguese club, to which visitors are admitted upon the same terms as to the English rooms. During the winter months there are balls, which are generally numerously attended by both British and Portuguese, and of which I shall have to speak hereafter.—There is but one hotel in the town, and that of a mediocre description; and *cafés*, which are so numerous in most continental towns, are here altogether wanting.—The accommodations for strangers at Funchal may be divided into three classes;—First, *furnished houses*, which are to be procured at the following rates for the season, viz., from September to June—1st class,

large family houses from 180l. to 200l.; 2nd class, moderate size from 100l. to 150l.; 3rd class, small size, 50l. to 100l.—Secondly, *family hotels*, in which comfortable apartments and separate board may be obtained—these are, Mr. Solden's, Rua do Capita; Mrs. MacGinn's, Travessa da Sande; Mrs. French's, Rua da Carreira; Mrs. Freita's, Rua da Carreira.—Thirdly, *boarding-houses*, where there is a general table—Mr. Holloway's, Caminho do Meio; Miss Wardrop's, Rua da Conecieao; Mrs. Hayward's, Rua do Santo Pedro; Mrs. Goodall, Mount Road; Mrs. Bridgeman, Rua de Peru.—The general charge at these houses is from forty-five to fifty dollars per month, including everything except washing, which is two dollars per month more.

In order that some idea may be formed of the expense of housekeeping, I subjoin a list of the prices of market goods.—Beef, per lb. 4d.; Mutton, 5d.; Fowls and Ducks per couple, 2s. 6d. to 4s. 6d.; Turkeys, 7s. to 15s.; Geese (very rare); Fish (a small plate), 1s. to 3s.; Oranges, per hundred, 2s. to 4s. 6d.; Eggs 10 to 14 for 5d.—Vegetables according to the season.

Observations on the Medical Treatment of the Insane. By E. J. SEYMOUR, M.D., Physician to St. George's Hospital, &c. 8vo. Pp. 95. London: Longman.

Twentieth Annual Report of the Directors of the Dundee Royal Asylum for Lunatics. 8vo. Pp. 39. Dundee, 1840.

THE subject of insanity is one of the most important that can possibly come under the notice of the profession, and it is one which, until the last few years, has been most unaccountably neglected. The torrent of progression, however, has imparted some of its impetus to the *mad doctors*, and the improvements they have effected in the treatment of lunatics, afford a noble example of the benefits science has conferred on humanity. What study can be more important than that which seeks to remedy the failings of that intellect which alone raises man to his pre-eminence over the brute creation? Inferior to them in every physical power, he subjects them to his caprice, and by other exercises of the same mysterious principle, he forms the most intellectual combinations, measures the distances which separate the planetary bodies, and predicts their revolutions, but, on the other hand, is subjected to painful disorders and to *madness* itself. With what varied associations is this word mingled! We turn at a glance from Nebuchadnezzar, who, after receiving adoration from the kings of the earth, took up his abode among beasts, to the ambitious Castlereagh, whose reason gave way under the excitements of office. We think of the mournful end of the wise and virtuous Lycurgus, and then of the insane vanity which precipitated Empedocles into Etna. Linnæus, Leibnitz, Kant, Cowper, Swift, and others, crowd before us to swell the catalogue of moral degradation, and prove that the possession of the most transcendent intellect is no security against its loss. How valuable, then, must everything be which is calculated to correct these aberrations, and to restore the raving maniac or the moody and despairing victim to the enjoyment of reason and social life! Such means have been classed under heads, medical and moral. It is to the medical treatment that the work of Dr. Seymour is directed, though only about one-third of it can be strictly said to answer to the title. The Doctor commences by showing that insanity is by no means so incurable as is generally supposed. He states that of 200 persons admitted in one year into the White House, at Bethnal Green, 50 were discharged cured in the same year. We see from the Report of the Dundee Asylum, that of 266 recent cases admitted between June, 1830, and June, 1840, 168 were discharged

cured, and 34 improved; 6 incurable, 20 died, and 38 remain in house. Of 161 old cases, 11 discharged cured, 33 improved, 15 incurable, 34 died, 68 remain. In attempting to show that insanity cannot uniformly be considered as the effect of organic disease of the brain, Dr. Seymour makes some observations which we extract:—

CONNEXION OF INSANITY WITH STRUCTURAL CHANGES IN THE BRAIN.

It is proposed first to investigate the alterations of structure which have been noticed by authors whose great opportunities of observation entitle them to our confidence, as occurring on opening the bodies of lunatics. Nothing probably is more difficult than to estimate the exact worth of such alterations in structure. Every one who has studied morbid anatomy must have been struck with the amazing extent to which disorganization of the brain may be carried, without the intellectual functions being impaired.—Great and intense pain exists in the brain for months; it is occasionally accompanied by vomiting, followed by diminution of the perfection of the external senses; there is dimness of sight or deafness; the smell is morbidly acute; paralysis follows. On opening the brain tumours are found, either serofulous or malignant, in its substance; yet, from the commencement to the conclusion of the disease, the mind has never varied, the patient has not suffered in perception or volition, her affection for her family has been unimpaired, she has been capable of consulting on affairs of importance, and able to enter into and receive comfort from the highest duties of religion; and this is no hypothetical case. Is it not bold, therefore, to assert, that where none of these signs of physical infirmity exist,—where there is neither depraved sense, nor diminished motion nor sensation, but where a train of incoherent ideas, shuddering fear, or extravagant ecstasy, or gloomy pride are present,—that it is useless to apply to the art of medicine, for these probably depend on organic disease? Even where after death, slight deviation from the ordinary appearance of the brain or its vessels is found, it is very necessary to be cautious in forming an opinion; for similar appearances exist in cases which have never shown symptoms of aberration of intellect.—In the cases related by Dr. Haslam—and I purposely choose examples from those authors who have had undoubted means of observation—the appearances described after death are by no means convincing of the physical nature of the disease. Persons who carefully observe dissections of patients dying of different diseases, will be struck by the variety of thickness or thinness in the bones of the skull, and the variation in the degree of firmness or softness of the brain, dependant on the season, the length of time during which the patient has been dying, and on age; and such great variation occurring in cases in which no alteration of perception had existed during the life of the patient. The same may be said of the presence of vesicles in the choroid plexus; such bodies being found occasionally in maniacal cases, by no means proves that the malady owed its origin to this deviation from natural structure, since they exist very frequently, and to a great extent, without the functions of the brain apparently suffering. There is perhaps, however, no appearance on which so much stress has been laid as on congestion of the vessels of the head; the mechanical physician having his scruples satisfied by a very slight injection of the vessels of the brain, while the morbid anatomist must have observed almost every variety of intensity of this appearance, often unattended by corresponding symptoms of excitement, or disturbance of the brain during life. Of effusions into the ventricles of the brain the same may be said: fluid is undoubtedly present in a healthy condition, as may be, and has been, proved on dissection of living animals, and it probably varies in different animals, according as their life is more perfect—large, strong, and lively animals having a larger proportion than those in a weakly or pining condition. It has repeatedly occurred to me to witness a few drachms of fluid in the ventricles assigned as the cause of death, when I have imme-

diately afterwards observed in the dead-house of the hospital twice the quantity, in cases where the patients had died of inflammation of the viscera of the abdomen, or some other disease, with which, visibly at least, the functions of the brain had not sympathised during life. It is remarkable that in that particular alteration of the structure of the brain, which principally occur in aged people, and to which the French pathologists have given the name of *ramollissement du cerveau*, in the numerous cases related by M. Rostan, almost all of which occurred in persons above fifty years of age, notwithstanding the frequent alteration of sensation and motion, and the still more frequent change in the external senses, the intellectual faculties often remained unchanged.—Various observers in various countries have, however, adopted views of the local or material cause of insanity. In this country, physicians generally incline to the belief that congestion of the brain is the immediate cause, or thickening of the membranes especially of the arachnoid membrane, or preternatural thickness of the bones of the skull; others, on the Continent more especially, have been more precise, one author having frequently observed calcareous matter in the pineal gland. Meckel speaks of the preternatural hardness of the corpora striata in cases of melancholy. Gall considers that the crura cerebri, and the corpus callosum, are principally affected in suicides, and that this form of madness is chiefly accompanied by thickness of the skull, and its increased weight.—From these considerations it would be fair to conclude that by calm and extensive observation the number of cases of mental derangement from organic disease of the brain will be greatly diminished; and such, in fact, we find to be the case. Mons. Esquirol, the most celebrated physician on this subject in France, relates, that on inspecting the bodies of one hundred and sixty-eight melancholic patients, two had the brain harder than natural; four, organic disease of the substance of the brain; three, where cartilaginous bodies were found upon the falx; and five, where extravasation of blood had taken place into the cavities and in the substance of the brain.

The author then goes on to treat of disturbance in the functions of the sensorium, arising disease in other viscera, as cause of insanity. He gives some interesting examples of the mutual sympathy between the heart and brain, and points out the abdominal diseases which have been noticed in connexion with mental derangement, and the dependance of the latter on the various changes which occur in the generative system in the female.

It is interesting to discover the proportion between the physical and moral causes of insanity. The following table may, perhaps, approximate to the truth, as the results are those of conflicting writers:—

	Physical.	Moral.	Total.
Esquirol ..	286	528	814
Casper ..	553	536	1089
Asylum at Waldheim ..	116	53	169
Dundee Asylum	34	23	57
Hanwell ..	120	173	293
	1109	1313	2422

Now as to the medical treatment. Is blood-letting useful? After summing up the statements and experience of other writers, Dr. Seymour says, "As the result, then, of experience, in cases of excitement, I presume that these arise from increased nervous energy, not depending on increased action of the heart and arteries, but on increased sensibility of the brain itself, and that bloodletting is not found useful." It appearing, then, that other means are necessary to allay the morbid sensibility of the sensorium, Dr. Seymour speaks first of cold, strongly recommending cold effusion and the shower-bath in mania, and the warm-bath in melancholia. He prefers morphia to the pure opium, and speaks favourably of bella-

onna and hydrocyanic acid. The remarks on arsenic are valuable, and form some of the very few original points in the book.—In all cases partaking of an hysteric nature antispasmodics are useful, especially camphor. Dr. Perfect used to give it in two scruple doses, morning and evening, and in 108 cases he conceived that the patient derived benefit from it. Purgatives are also of great importance in this treatment. We have thus given a sketch of the work of Dr. Seymour, the intention of which is good, and the execution far better than another work of his we lately reviewed. We have incidentally alluded to the Report of the Dundee Asylum, and now have only space to say, that the manner in which this report is drawn up, if we put aside a little cant, does credit to the conductors of the Institution.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

SEPT. 15.

Club Foot and contracted Fingers from Disease of the Brain.—M. BOUVIER adverts to the absurdity of cutting muscles and tendons in all cases of contraction, inasmuch as in those which depend on the brain, the retracted parts, even if replaced, would either not retain their normal position, or acquire no motive power. Four times, says the author, the section has been made to his knowledge without advantage. The contracted fingers may be extended, but their motility does not return. The author exhibited morbid specimens, taken from an old woman who had been hemiplegic for twenty years with club-foot and retracted fingers, without contraction of the wrist. A serous cyst was found in the brain.

New Species of Articular Torticollis.—Dr. Bouvier gives particulars of a disease hitherto undescribed in the cervical spine, and which constitutes a new cause of wry-neck. It has its seat in the joints of the upper cervical vertebrae, and may have been confounded with spontaneous luxation of the atlas and axis, or with acute or chronic muscular contractions. This articular torticollis is treated by mechanical means, and it is obvious that myotomy would be employed without success for its relief.

On the connexion between the Spinal Marrow and the Spinal Nerves.—M. BAZIN, Professor of the Faculty of Sciences at Bourdeaux, addresses a second memoir on the researches he has undertaken on this subject. The spinal marrow of the vertebral animal is divisible into four principal cords, and in two secondary internal and superincumbent fasciculi, much smaller than the external. The roots of the sensitive nerves bifurcate or penetrates the superior cords, one portion being in contact with the pia-mater of the nerve or nervo-derm, while the other is on the internal surface. In like manner each lateral nerve is embraced by a great number of nervous filaments, which for the most part form a flattened fasciculus on the median line. The greyish tint of this fasciculus belongs more to the sensitive than the motor portion. In man the median fasciculus formed by the prolongation of the sensitive nerves has about four millimetres in diameter. In the middle is perceived a band two millimetres in breadth, whose edges are a little prominent. Its surface is smooth, and the fibres or filaments of which it is composed have a direction parallel to the longitudinal axis of the marrow. The median inferior fasciculus, or that formed by the motor nerves, which takes the same course with the lateral inferior cords as the sensitive nerves with the superior, seems to be divisible in two parts.

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

Respected Sir,—No doubt you and your readers have imagined that I am dead, and perhaps even that I have been injected by a surviving contemporary. But this is not true; I have been fully occupied ever since Mr. Huggles passed with some new adventures and employment, which I intend to send to your office next week, for the edification of the *new men*, with the assurance that I have still *serum and crassamentum* in my vessels, and not sise and vermilion; as my enemies, who were anxious for my place, and the succession to my sleeves, syringe, sponge, and pipkins, would have the world believe. Pray present my humble compliments to all your subscribers, and believe me your very obedient servant,

JASPER BUDDER.

Fourth Story (never mind where),
October 5th, 1840.

MEDICAL OBITUARY.

At Cannonarc, on the 10th of July, aged 51, Frederick Dix, Esq., Surgeon to the 94th Regt.—Dr. Robertson, a Scotch physician of eminence, established in Paris for thirty years past (although retired from public life for nearly twenty), has terminated his earthly career, after having long suffered from diseased bladder. On examination of the body after death, the bladder formed a mass, large as a child's head; its coats were three inches thick, and lined with pus. The muscular coat had disappeared; the prostate was hard as marble, and of the size of a hen's egg.—The Dr. bequeathed his cranium to the Phrenological Society of Boston, in order that it might be placed by the side of his friend Spurzheim's; 1000 francs are bequeathed for its preparation and expense of conveyance. His fine phrenological collection is left to the Society of Boston—15,000 francs to the Geological Society of France, of which he was one of the founders—400,000 francs to the Edinburgh Medical Society, which is said to be liable to contestation, inasmuch as the society has no official character to entitle it to inherit.—The Doctor's fortune was 500,000 francs (£20,000.)

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Assistant-Surgeons Andrew Lillie, to the Southampton; Robert Clarke, M.D., to the Winchester.

ARMY.—Veterinary-Surgeon O. Smith, from the 11th Light Dragoons, to be Veterinary-Surgeon, vice W. Woodman, who retires upon half-pay; 11th Regiment Light Dragoons, R. Robertson, Gent. (acting Veterinary-Surgeon to the depôts of the 1st Dragoon Guards and 7th Light Dragoons), to be Veterinary-Surgeon, vice Smith, appointed to the 2nd Dragoon Guards.

HOSPITAL STAFF.—Deputy-Inspector-General of Hospitals, H. Bone, M.D., to be Inspector-General of Hospitals in the Windward and Leeward Islands only, vice T. Draper, who retires upon half-pay; J. H. E. Stubbs, M.D., to be Assistant-Surgeon to the Forces, vice Rhys, promoted in the 3rd West Indian Regiment.

CIVIL.—A vacancy has occurred in the office of Surgeon to the Kent and Canterbury Hospital, by the decease of Mr. Renwick.

AMERICAN POPULATION.—As the increase of the American population is a subject of great interest, the following results, though taken but for a small part of the country, are worthy of observation, as giving some hint of the general progress. It appears by the census of Troy city, in the state of New York, that the population which in 1830 was 11,487, is now 19,376, being an increase of 7,786, or above 60 per cent. in 10 years. The inhabitants of the 14th ward of the city of New York are 20,231 in number, being an increase of 20,890 since 1825, and of 5,860 since 1830.

ADVERTISEMENTS.

ROYAL VETERINARY COLLEGE. — The

Lectures will commence on Monday, November 2nd, 1840.
Pathology, embracing the Diseases of the Horse and other Domesticated Animals, and Surgery; Mr. Sewell.
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* The INTRODUCTORY ADDRESS at the opening of the Session 1840-41, will be delivered by Professor Sewell, on Monday, November 2nd, at 12 o'clock.

DR. WALLER, Physician Accoucheur to the

London Midwifery Institution, will continue his Lectures on Midwifery at the Medical School, Aldersgate Street, every Tuesday, Wednesday, and Friday, at a quarter to Six in the Evening. Particulars may be obtained at Dr. Waller's Residence, 9, Finsbury Square.
Dr. Waller's Treatise "On Diseases of the Womb" is published by John Churchill, Princes Street, Soho, and may be had of any Bookseller.

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of one or other of the Straight Muscles of the Eye. By C. W. GUTHRIE, Jun., Demonstrator of Anatomy at the Charing Cross Hospital; Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital, &c., &c.
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* * * This Edition of Dr. Blundell's "Principles and Practice of Obstetric Medicine," is the very best work on this subject in the English Language. The celebrity of its author has procured, not merely a European, but even a Transatlantic reputation for the former editions of this work; causing it to be reprinted in America, Germany, Italy, &c. The present edition presents peculiar claims for the favourable consideration of the Profession, on account of the extraordinary care and research displayed in its production. Numerous and important errors of former editions have been obliterated; upwards of 400 closely printed pages of valuable matter have been added from the most celebrated authors on their respective subjects; and the whole has been carefully revised and illustrated by copious explanatory notes. Of the manner in which it is got up, little need be said; Mr. Butler's name is a sufficient guarantee for its being bought out in a most superior manner.

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A GERMAN'S OPINION OF THE LONDON HOSPITALS, AND THEIR OFFICERS.

It is gratifying to our national feelings, to meet in a foreign language with remarks upon our customs and institutions, and the more so, when the observer happens to be a shrewd thinker, and the remarks favourable. In a recent number of Dr. Johnson's 'Review,' he has introduced to the attention of the English medical public, one Dr. Varrentrapp, who, having made a tour in Britain, publishes in German, at Frankfort, an account of the medical institutions he had visited. The work is evidently imperfect in many respects, but yet contains much that is amusing, and some points of value. Taking Dr. Johnson's analysis, we give a few of the most interesting remarks:—"In closing his remarks on the London hospitals, Dr. Varrentrapp points out what he considers their chief merits and defects. Among the former, he particularly dwells upon their admirable cleanliness, the excellence of the provisions, the attention of the nurses, and last, though not least of all, the number and purity of the water-closets—for which, by-the-bye, there seems to be no word in the German language. The leading defects he enumerates, are the insufficient frequency of the physicians' and surgeons' visits, and the want of any central board of organization, such as the *Conseil general d'administration des Hôpitaux, hospices et secours à Paris*. He mentions also the difficulties in the way of admission for patients, unless they are recommended by some subscriber or governor, and the limitation of this to one or two days only during the week. The University College Hospital is an exception indeed to this censure; for there patients are admitted daily. He goes on to observe:—"It is, however, especially remarkable that, with the enormous sums which are appropriated to the use of the various hospitals in this metropolis, there is on the whole so small a number of beds in them. The leading hospitals contain about 3,000 beds, the hospitals for special complaints about 500 more, and the lunatic establishments about 15 or 16,000. What a small proportion is this—with the exception perhaps of the lunatic establishments—to the population, in comparison with other cities! Frankfort, with a population of only 55,000 inhabitants, has 500 beds in its six civil hospitals, besides another 100 for epileptic and lunatic patients; and Paris, with a population of about 800,000, has 5,000 beds in its hospitals, and 10,000 in its hospices."—In reference to the character of the instruction communicated to students in the London hospitals, the following observations of our author, however pedantically expressed, will be read with some portion of interest.—"We do not indeed hear either long complete discourses and tedious Socratic disputations, nor profound system demonstrations and curious disquisitions, as in many of the best German clinics; but we hear something which is perhaps much more incomplete, and far less intellectual, but which nevertheless is much more true and practical.—It is in that national tendency of the English to attend almost exclusively to merely practical subjects, that we are to seek for the cause of the chief differences between the English and German physicians. We are not to expect to find among the former men of deep and comprehen-

sive acquirements, acquainted with the history of medicine in all languages, such as is the character of some of my countrymen. A careful observation of individual cases, and the comparing of these with similar ones, either in their own practice or in that of others, and withal a practical but not a far-stretching reasoning; directed more especially to therapeutics, seem to constitute the chief ambition and certainly the leading excellence of the English physicians. They have accordingly produced some admirable monographs; but they seldom trouble themselves about systematic works. The higher fields of speculation, and a comprehensive and wide-embracing spirit of reflection, are far too troublesome, obscure, and unproductive to have any attractions for their minds.—An unprejudiced clear perception, an indestructible repose, great perseverance, and the habit of discussing every subject with perfect freedom, are admirable guides to them along their favourite path, which is the more readily pursued, as they seldom permit themselves to be diverted by extraneous circumstances. The English are certainly less influenced by the opinions of others than any other people that I know.—From their quiet observing manner, which is almost always combined with a most laudable love of truth, they escape many of the quicksands and rocks, on which others, who indulge more in speculation and phantasies, make a shipwreck. And when they occasionally elevate themselves to subjects of higher speculation, their national self-confidence is often of the greatest use; hence many of the most valuable physiological and pathological discoveries we owe to Englishmen. What influence have the discoveries of Hunter, Bell, and others, had on numerous branches of medical science?—Their surgeons exhibit the same qualities as operators, as their physicians do in medical practice; quiet, self-confident, and determined, and often very bold. Neatness and dispatch are not much aimed at; but downright roughness I never saw except in one, who is, however, considered as perhaps the most celebrated for his speed and dexterity. Key, Liston, Tyrrell, Lawrence, Green, Travers, and Brodie, are the most distinguished; but I cannot suppress the remark, that I saw one of these gentlemen perform an amputation of the thigh more badly than I could have believed. After slowly making a circular incision through the integuments, with two strokes of a large amputating knife, he began to dissect back the skin with its point for about two inches. How long this took, any one may judge. The muscles were now divided down to the bone, and this step was repeated a second time; and then the bone was sawed across not sufficiently high up. At length, after upwards of five minutes suffering, a stump was formed with a projecting bone, a want of flesh, and a superabundance of skin. Had such an occurrence taken place in any of the Paris hospitals, the students would assuredly have hissed the surgeon out of the theatre."—The worthy doctor writes in the most grateful terms of the warm friendly reception he met with from his professional brethren in London, and closes his sketch of our medical institutions with an affectionate tribute to the talents of Sir Astley Cooper;—"who, although nearly seventy years of age, is still a very handsome man. His tall stout figure, beautiful head, and intelligent, lively, and cheerful countenance, must at once strike

the beholder. The large fortune that he has accumulated enables him to follow out his favourite anatomical pursuits with every advantage. He is not, like most successful professional men, still unsatisfied with his success; for, instead of hunting after some new mammon, we find him devoting his time, talents, and fortune to the advancement of professional science. At present he is engaged in an extensive work on the diseases of the mamma. His museum of preparations of the testicle and thymus gland, is unrivalled. It is to him that we owe the curious discovery that the latter of these organs serves to secrete during foetal life a whitish fluid, resembling milk or chyle, which is conveyed by an excretory duct into the jugular vein, near the opening of the thoracic duct. This function seems to terminate soon after the birth of the child."

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

SCROFULOUS DISEASE OF THE JOINTS.—LOOSE CARTILAGES IN JOINTS.—NERVOUS SYSTEM.—INJURIES OF THE HEAD.—ECCHYMOSES.—VARIOUS SPECIES OF INJURY OF THE HEAD, AND TREATMENT.

Scrofulous Disease of Joints.—The diseases of joints often begin in the extremities of the bones; they commence in scrofulous inflammation affecting the articular ends of the bones. This form, like other varieties of scrofulous disease, is most incidental to young subjects; it is generally observed in children; at all events, it usually occurs under the age of puberty. Persons who have passed that period, and even those who have arrived at the middle of life, are not absolutely exempt from such attacks; but in the great majority of instances the affection is found in young subjects. In this respect, diseases of joints depending on scrofulous affections of the bones, are similar to those which have their origin in the cartilages, and which are also most frequently seen in young subjects.—*Symptoms:* Scrofulous inflammation then commences in the articular extremities of bones. Its existence is shown by a dull aching pain in the bone; a pain which the patient refers rather to the end of the bone than to the joint, but which is attended with more or less stiffness and imperfection in the movements of the joint. The inflammation soon extends to the cartilages covering the articular surface, and thence is propagated to the synovial membrane, and to the external soft parts which surround both the bone and the joint. It produces, in the first instance, general swelling of those parts, enlargement of the joint without alteration of its colour, that is, white swelling of the joint; but sooner or later inflammation attacks the external soft parts; abscesses form, and discharge themselves externally, and fistulous openings remain.—When we introduce a probe through these openings, we are rendered sensible of the existence of disease of the bone; we find that portions of the bony surface are exposed, and in a state of caries. Affections of the joint originating in this way, sometimes go on for a great number of years. The progress of scrofulous disease is usually slow; it bears affinity to what is called chronic inflammation; and if the constitution be not much affected by the local mischief, you may have a succession of inflammations, abscesses, discharge of pus, and the clearest evidence of caries. This goes on for a very considerable length of time. Sooner or later, however, the constitution suffers; the patient loses his appetite and his flesh; he gets no rest at night; he falls into a state of hectic; is

worn out, and sinks in the way I have before mentioned. In many instances, however, the local disease, after proceeding for a certain length of time, becomes stationary, and the process of restoration commences. When the patient is placed under favourable circumstances, the discharge from the fistulous openings lessens, the carious portions of the bone separate, the swelling of the joint diminishes, the articular surfaces become connected together by ankylosis, and then the patient recovers, with the motions of the joint either very much impaired or completely lost.—Affections of the joints that have their origin in scrofulous disease of the bones, very frequently appear in more than one part of the body, the cause consisting in a diseased state of the constitution. Sometimes you have a succession of affections appearing in different parts of the body, one after the other. I attended, for several years, a young girl, the offspring of parents both of whom bore marks of a scrofulous constitution, and who in fact both died, comparatively young, of tubercular phthisis. A sister of hers also died, young, of disease of the lungs. This young girl had, in the first instance, obvious marks of a very delicate constitution. She was subject in the winter to chilblains, and for a considerable period the circulation was obviously very feeble, as was shown by affections of the extremities of the body. She then had an affection of the bones of one foot, particularly of the os calcis, which was denuded and communicated externally by an abscess, but never produced any severe effect on the constitution. It was subsequently observed, that she stooped very considerably, and on examination, there was found to be a deviation from the straight line of the body at the lower part of the back and upper part of the groin. There could be no doubt of scrofulous disease in the vertebrae; this was further evidenced by depression of the head and neck between the shoulders. The affection did not cause any great pain; and the treatment of the case throughout, consisted merely of means calculated to strengthen the system, there being no counter-irritation or other treatment, as this would have been too powerful for the debilitated state of the frame. The affection of the spine seemed to pass off. She then, however, had disease in the hip-joint, and this was more formidable than the other affections; it proceeded to the formation of abscesses in the neighbourhood of the hip; large formations of matter took place with repeated ulcerations, and she ultimately died hectic.—*Treatment*: In disease of the joints, which are referable to scrofula, the *general treatment* of the patient, as in other scrofulous affections, is a circumstance of the first consequence. Our object is to adopt all the means we can to strengthen the frame; and in proportion as we can invigorate, the local affections, which derive their origin from the scrofulous state of the constitution, will be improved. We must carefully avoid the adoption of all such local means as are calculated to lessen the power of the system, for by so doing we shall aggravate the affection. In scrofulous disease of the joints, then, we must take those general means of strengthening the constitution, which I have already pointed out in my observations on scrofula. You must give the patient all the advantages that can be derived from residence in pure air, a nutritious diet, and attention to those circumstances which generally promote health. The advantages of pure air are very manifest in the treatment of scrofulous disease of the joints. I have seen affections of this nature do perfectly well at the sea-side, that is, patients thus afflicted in large towns, have derived the greatest benefit by being conveyed to the sea-side, and enjoying the advantage of the bracing and tonic air which is there to be found. We shall find that patients in whom we have tried a variety of local means without effect, as long as they have remained in London, or in other large cities, in whom the disease will proceed from bad to worse, will get well without the employment of any local means, or, at least, with very few, on removal to the sea-side.

The internal remedies which we employ in these cases, are directed with the same view. *Steel* is a medicine of great use under these circumstances, as are the mineral acids and bark. The patient should have a good and rather nutritious diet; and

as to medicines, so far as their use goes in other respects, hardly anything more is required than may be necessary for regulating the state of the stomach and bowels. The local disease in these cases occasionally requires the employment of mild antiphlogistic means. If there be swelling with heat of the joint and pain, the application of a few leeches with fomentations and poultices will be serviceable; but you must be cautious not to carry those means, particularly the local abstraction of blood, to such an extent as to weaken the patient, you are not to resort to them simply in consequence of pain. This will apply equally to those diseases of the joints which commence in the articular cartilages. The mere existence of pain in the joint is not a proof of the necessity of active antiphlogistic means. If there be swelling, redness, and increased heat with pain, then the application of leeches may be proper; but both in scrofulous affections of the joints, and in those affections which commence with ulceration of the articular cartilages, there is also very great pain without those symptoms that would require local bleeding. The existence of such pain may require under other circumstances the employment of narcotics, particularly opium or Dover's powder. Rest is equally important. I would not pretend to say to you that counter-irritation is not to be employed in any case amongst those where we deem the affection to be of a scrofulous kind; but it is not to be employed generally; the other means which I have now specified are the principal, the leading means of treatment; counter-irritation is only to be employed under certain circumstances, it is to be the exception and not the general rule.

Loose Cartilages in Joints.—The joints are liable to a curious affection, which consists in the appearance of *loose portions of cartilage* in them,—loose cartilage of the joints. Here are two specimens of such, from separate knees, and both of which I removed myself; there were two patients, and I took one cartilage in each case. The substance, as you may here see, presents the appearance of a regularly dense, completely white, cartilage—tolerably smooth on the surface. That is one section, and this is another. They were about the size and appearance of the seed of the French bean. In both these cases, (I do not know whether it is so generally,) there is a small nucleus of bone, and where they were cut through, this presented a resistance to the finger, similar to the impression that is conveyed on cutting through a bone. These substances are formed completely loose, and floating in the cavities. I believe they have never been the subjects of surgical treatment, except in the knee-joint. They have been found, I believe, after death, both in the elbow-joint, and in the joints of the lower jaw, but I do not know that they have ever been made the subject of surgical operation, except when found to exist in the knee-joint.—The first question that arises about these substances is, how they come there, how they are produced. We might suppose that they are formed originally from the surface of the joint; that they are produced somewhat in the same manner as tumours; that they derive their growth from the vessels belonging to the surface of the joint itself, and that, perhaps, being attached by a slender neck after a time growing into the joint, they are rubbed off and detached by the motions of the joint; that is, we might suppose they grow originally from some part of the joint, and then become loosened. Hunter seems to have been of opinion, that they could be produced in consequence of the effusion of blood into a joint. He explained this by analogy, referring to a great many circumstances in the animal economy, where organization was presented subsequent to the effusion of blood. But, I should suppose, that in this case the theory is completely imaginary. Here we have no proof whatever that there is any effusion of blood. However, loose cartilages are now and then formed in joints; the affection is not a very common one; they move about from one part of a joint to another; we can feel them when situated in such parts as are near to the surface; but when we come to examine them, they slip away, they escape, they pass into the interior of the joint, and often remain there, so that neither the patient nor the surgeon can detect them, or be aware of their

further existence for a considerable length of time; then again, they will appear under the surface. In consequence of these movements they are liable to get between the ends of the bones, and thus to interfere with the motions of the joint. They will sometimes pass suddenly and unexpectedly into it. When the patient is walking along they will get between the ends of the bones, and produce so severe and sudden a pain, as to render the patient incapable of proceeding. Thus they sometimes produce so much inconvenience, and interfere so materially with motion, that it is necessary to adopt means for putting a stop to a repetition of the inconvenience; in fact, for getting rid of the cause.—*Treatment*: It has sometimes been found possible to remedy the inconvenience by subjecting the joint to pressure; by putting on a laced knee-cap for instance, or a bandage. It has been found, that when the joint has been thus pressed, the cartilage has not interrupted the movements of the limb. The notion is that they have been pressed into some particular situation, and so held there that they could not get between the bones. In general, however, this plan does not succeed, and patients make up their minds to submit to what must be deemed rather a hazardous operation, that of making an opening into the joint, and allowing the extraction of the substance. I speak of this as a hazardous operation, for from the observations I have made, you are already aware that penetrating wounds of a large joint, such as that of the knee, are always attended with risk. There is a risk of inflammation, and of subsequent stiffness of the joint. There is a risk of the inflammation proceeding even beyond that, and producing a fatal termination; so that, although simple as to the mere mechanical performance, the operation is not to be undertaken lightly, nor without apprizing the patient and his friends, very fully, of the possible danger. It must be observed, however, that if the operation be undertaken with proper precaution, after due preparation, and in a skilful way, it completely gets rid of the evil, and perfectly restores the powers of the joint; that is, the slight wound which is necessary to allow the escape of the substance, becomes united by adhesion, no inflammation occurs in the joint, and the recovery is perfect.—The mode of performing this operation consists in getting the loose body into some situation as near as possible to the surface, where it can be held and completely fixed. In the knee-joint, for example, the loose body is generally got upon the external flat surface either of the external or internal condyle of the femur. You are aware, that the synovial membrane of the knee-joint ascends over a certain portion of the condyles, so that a part of what we may call the external surface of each condyle belongs to the joint. Then, when the loose body has been got into that situation, and is fairly and firmly held by the fingers of the assistant, you have merely to cut through the integuments, the adipose substance, and the synovial membrane of the joint, and the loose body will escape. It has been recommended, and is a circumstance worthy of attention, and if you can accomplish it, to draw the skin a little on one side and pinch it up, so that when you let the skin go again, the wound through the skin and the opening into the joint, will not be directly opposite to each other; there will then be what is called a valvular opening, and hence we may more safely depend upon the opening closing up by adhesion. Having made this opening, and having allowed the piece to escape, you bring the edges of the wound together, maintain them in apposition, keep the knee perfectly quiet, having the patient in bed, and adopt all the other measures necessary to prevent inflammation. For an important operation of this kind, we should prepare the patient previously, keep him on rather a low diet for a few days, and take care to have the bowels well opened. It has been suggested, and I think the proposal would be advantageous, to keep the patient in bed for two or three days previous to the operation, with the limb fixed in the state of extension, so that he might become accustomed to that rather uneasy state of the knee. I removed the cartilage from the knee of a patient in this hospital two or three years ago. The man was unhealthy, had been so for some time; he was

of a sallow appearance, and had a white tongue when he came into the hospital; however, we took all the care we could to render the operation successful. It was performed and the wound united by adhesion, but in four or five days afterwards hæmorrhage came on, and the edges of the wound separated; inflammation slowly established itself in the joint; fever took place, and assumed a violent character, and the patient died. On examination, the liver was found beset throughout the whole of its structure with small purulent deposits, varying from the size of a pea to that of the end of the thumb. There were many hundreds of these disseminated throughout the liver, and one small one was found in the brain. This piece of cartilage I took out about a year ago from the knee of a gentleman who had been troubled by it for a number of years. For a long time he suffered pain and inconvenience in the knee, but the cause was not known. Ultimately, however, it was discovered to be a loose cartilaginous substance, and I removed it. Symptoms of rather an alarming kind came on in the joint after the operation, although I had taken great care to prepare him for it; however by bleeding him from the arm and knee, and by adopting a vigorous antiphlogistic treatment, the case did well, and the gentleman was soon able to go out again.

NERVOUS SYSTEM.

I come next to speak to you of affections of the *nervous system*; and, in the first place, of *injuries of the head*.—Injuries affecting the external parts of the head are to be treated upon the principles I have already mentioned as generally applicable in these cases. Whether injuries of the scalp consist in bruises alone, or in bruises combined with ecchymosis; whether they consist in incised, lacerated, or punctured wounds; whether those wounds are simply divisions of the scalp, or are complicated with detachment of the scalp from, and exposure of, the bone, or with wounds of the arteries that run near to the injury, the same general principles already mentioned are applicable. I would only observe to you, that in consequence of the connexion of the external coverings of the head with the internal parts, injuries of this kind are of more consequence on the cranium than other parts of the body; hence we say, *Nullum vulnus capitis contemnendum*, which is rather more imposing in Latin than in English; in which language, we may say, that no wound of the head is to be thought lightly of.—I have mentioned *ecchymosis*. It happens sometimes that blood is effused in consequence of injuries to the head, under the aponeurosis of the occipito-frontalis muscle. The aponeurosis of this muscle is connected to the pericranium by loose cellular membrane; and if a vessel of some size be opened, and its blood be poured into this, it will sometimes separate the aponeurosis from the bone, together with the scalp that covers it to a considerable extent. The effusion of blood may extend under almost the whole lateral and upper part of the scalp, lifting it up from the bone, which you can hardly feel. Although ecchymosis may be very extensive, the blood which is thus effused will be absorbed, if we stop the effusion by the ordinary antiphlogistic treatment. The head should be shaved and washed with lotions, other means also being employed which are calculated to check vascular action. It is not necessary in this case to make any incision to allow the effused blood to escape, even if it should be so extensively effused as to elevate the scalp. Blood may be effused under the pericranium, between that membrane and the surface of the bone, and ecchymosis in this state occasions a feeling which you can hardly distinguish from that produced by fracture of the skull. The border of the effusion presents a firm hard edge to the touch, exactly like that of a fracture; and no person, however experienced, could distinguish between them. You must therefore examine the whole of the part that is injured, observe the configuration of the sharp border, and notice the other symptoms, in order to determine whether the sensation of the touch in question arises from a fracture, or merely from the cause I have mentioned.—*Treatment*: The various parts that are external to the brain, may be injured in various ways. If we were to enumerate all the injuries of which

each of these is susceptible, and to particularize all the varieties, we should really make a very long catalogue of them; but fortunately for us the treatment is not so diversified, but is tolerably simple and uniform. It consists in almost all the cases in the adoption of such measures as are calculated to prevent the occurrence of inflammation.

Various Species of Injury of the Head, and their Treatment.—In the case then of a serious wound of the scalp, attended either with a real or with a supposed fracture of the skull, with symptoms of injury of certain internal parts, or in the case of a severe blow on the head, without any external wound, without any urgent system, or any reason to suspect internal injury,—in these various cases, one and the same course of treatment is at first to be adopted. In the first place you should shave either that part of the head which has received the injury or the scalp generally, so as to have the opportunity of carefully examining the surface. This preliminary step permits you to apply cold freely to the surface, by means of wetted cloths—a general measure which is almost invariably advisable. The patient should be kept at rest; he should abstain from all exertion, whether mental or bodily; he should be put upon low diet; he should have his bowels cleared by the exhibition of an active aperient, and blood should be taken from the arm. These are the general precautions that the various circumstances I have enumerated require. We may not perhaps find that in each case it is necessary to adopt the whole of them; it may not, for instance, be necessary to bleed from the arm; but I should say that this is the course to be followed, unless some particular reason present itself to induce you to deviate from it.—Injuries of the scalp are liable to be followed by *erysipelas*; perhaps more so than injuries occurring to the other parts of the body. The treatment, when it ensues, is the same as that of erysipelas under other circumstances, excepting, perhaps, that as from the situation of the injury the head is more likely to suffer in those cases, a rather more active antiphlogistic treatment may be expedient.—If the wound of the scalp should penetrate through its whole thickness, and through the aponeurosis of the occipito-frontalis muscle, the inflammation that supervenes may attack the cellular membrane, which connects the aponeurosis to the pericranium. This, when it occurs, forms rather a serious case, and is, I apprehend, what many of the older writers have considered to be *inflammation of the aponeurosis occipitalis*, although that is a part, which like other fibrous structures is very little liable to inflammation. Inflammation of the cellular membrane in this situation may occur, in consequence of a wound of the scalp, such as I have described, having been injudiciously treated, or the management of which has been neglected. Supposing that the wound has not been brought together, that its edges have been left open and exposed, so that inflammation has arisen in them,—supposing the patient has been allowed to follow his ordinary occupations, to take his ordinary diet, and that no attention has been paid to the circulation, or to the digestive organs; I should say that these would be very likely to produce that kind of inflammation in this structure, that kind of erysipelas which we call phlegmonous erysipelas. A puffy tumour arises round the edges of the wound, the surface of which becomes yellow, inflamed, and unhealthy, producing a thin discharge instead of a good pus; the scalp too, for some distance round the inflamed part, has an oedematous feel; you can make an impression upon it by pressure with the fingers. If this state of the affection be not speedily relieved, it extends over the whole head, the pain becoming very considerable, and very high febrile symptoms supervening. The pulse becomes full, strong, and hard; there is restlessness, a white tongue, want of appetite, and a costive state of the bowels. Now, this is a case which obviously requires very active antiphlogistic treatment. You must take blood from the arm, take blood freely from the inflamed scalp by leeches, exhibit active aperients, following them up by salines and antimonials, putting the patient on low diet, and enjoining rest. But these circumstances are not found to check the disease,

and it has been remarked, therefore, by Mr. Pott, that an incision through the inflamed part down to the bone, for an inch or an inch and a half in length, will often do more than anything else that can be used. An incision, in fact, in this case, produces the same effect as when made through the skin and integuments, in the case of phlegmonous erysipelas in the extremities. If matter has formed, the incision is still more necessary, for if allowed to proceed unchecked, the affection will terminate in suppuration and mortification of cellular membrane under the aponeurosis of the occipito-frontalis muscle, extending over the whole scalp. Openings will form in various parts of the aponeurosis, through which large masses of fibrous sloughs, bathed with matter, are extracted,—sloughs of the cellular membrane. But although the whole of the cellular membrane will thus go into a state of sloughing, no mortification of the scalp will take place, for you will find that the scalp is differently circumstanced to the skin, for instance, of the extremities. If the cellular membrane of the leg slough, the nutritive vessels are cut off, and the skin mortifies, but the scalp is supplied by external branches of the great temporal and occipital arteries, so that it does not lose its supply of blood by the separation and sloughing of the cellular membrane under it.

Injuries of the head, or fractures of the skull and the mechanical injury so produced, vary considerably. You may have a single simple fissure of the bone, to use a common expression, the bone may be merely *cracked*, just as a piece of glass may be. You may observe a slight fissure, break, or crack, very often known by the term of a *capillary fissure of the skull*. You may have two or more such fissures proceeding from the point on which the violence has been inflicted. Sometimes there are so many of these, and proceeding in such various directions, that the fracture is called a *starred fracture*. The injury, too, may be accompanied with a depression of one of the sides, or, indeed, of both sides of the fissure, though more commonly of one, that is, one side of the fissure is beaten in under the other; and it may not simply be beaten in below the edge of the other, but it may be depressed considerably below that, it may be pushed in upon the membranes, and even upon the brain itself; this is called *fracture with depression*, and hence you make the most important division of injuries of the skull into *simple fractures*, or those in which the bones are merely divided or separated, and *fractures with depression*, or those in which there is a beating in of one or both of the edges. A portion of the skull may be *comminuted*, that is, broken into small pieces, and those pieces may be completely detached, completely separated from each other among the soft parts; they may also be beaten in upon the membranes of the brain, or into the brain itself to various depths, according to the nature of the injury. There may be a separation of the bones of the cranium at their sutures; a fracture may be seated in the course of a suture. This is not, in point of fact, actually a fracture, although it arises from the same kind of injury, and probably it requires as great, or perhaps a greater injury to produce a separation of the sutures, as to fissure the bone elsewhere. In young subjects, where the bones are still soft, where there is a much greater quantity of soft, and a smaller proportion of earthy matter, than in the bones of the adult, the head is susceptible of a particular kind of injury, which is called an *indentation*. The bone may be driven in so as to occasion an interruption of the general convexity of the skull, but yet not be actually broken. It is not common to see a fracture in the skull of a young subject; the bone is actually so soft as, in almost all cases, to be beaten down rather than broken, while the indentation gradually rises to its proper level, within a short period of time after the occurrence of the injury. The skull, sometimes, is not broken to the same extent externally as internally. It is not uncommon to have fracture of the internal table, extending further than that of the external table, and in cases of depression, it is by no means unfrequent to have the internal table considerably beaten in, while the external is but very slightly depressed. I believe, there are instances in which the internal

table has been broken and depressed with an extremely slight external injury. It appears that the internal is more brittle than the external, and the fracture of the former, therefore, extends further than that of the latter. Fracture of the skull may be accompanied with various injuries of the parts contained within the cavity, or it may consist simply of the mechanical injury done to the bone. It is important to bear this in mind, because, if in a particular injury you see that the skull is broken, you are not immediately to infer that all the symptoms present arise from the fracture. There may be sufficient injury done to the internal parts, independently of fracture, to produce concussion. The fracture may be complicated with other injury, or it may exist alone; it may be simple, consisting of mere fracture of the bone; or it may be compound, that is, a fracture of the bone with a wound through the external parts. In this respect, the same characters distinguish fracture of the skull and fracture of the bones of the extremities; there may be a simple fracture of the skull, and there may be a compound fracture of the skull; though I should observe, that there is not the same relation as regards the serious nature of the two cases. Compound fracture of the skull is not to be regarded as so much more serious than simple fracture, as compound fracture of the leg is more serious than simple fracture of that part. Again, fractures of the skull differ in this respect. Some of them, indeed the majority, are produced by the direct application of force to the affected part. A person is struck upon the head, and the bone is broken exactly where the blow was inflicted. But there are other instances in which the bone is not broken where it was struck, but at a distant part. These are called fractures by *counter-stroke*, the *fracture par contre coup* of the French. This, I believe, is almost constantly the mode in which fracture of the basis of the skull is produced. If a person fall from a great height, and the vertex, or top of the head, comes to the ground, the skull is subjected to two forces. There is the pressure of the skull upon the ground, and the pressure of the body upon the basis, by means of the vertebral column. The skull being thus included between two forces gives way at its weakest part, that part being the basis; the basis is much weaker, as a mechanical portion of the structure than the upper and rounded part; it is much thinner. If a great weight fall upon the skull when the body is erect, the skull is equally liable to pressure between the force from above and the resistance of the vertebral column below, and the skull, therefore, breaks not on the top, where it is struck, but below. Fractures of the basis, therefore, are in general fractures by counter-stroke. Whether fractures by counter-stroke take place under other circumstances is doubtful, although some persons believe that if an individual be struck on the forehead, for instance, he may have the back part of the skull broken. I do not myself see how that is to happen.—All fractures of the basis of the skull are not, however, fractures by counter-stroke. If a fracture be produced by violence offered the lower part of the skull, to the occiput or the temporal bone—to the superciliary ridge of the temporal bone, the fracture thus produced may be continued to the basis of the skull.—*Fracture of the skull* is not of consequence in itself, but is important as an indication of the degree of violence which has been offered to the whole head, and as an evidence of the probable fact that the contents of the cranium have suffered injury. The *TREATMENT* of a case in which the skull is fractured must be conducted with reference to the other symptoms that are present. The circumstance of the bone being fractured will not occasion any difference as to the course we have to pursue. If the case be managed judiciously in other respects, the fracture adds nothing either to the danger of the patient, or to the difficulty of managing the accident. So far as the bone is concerned, the injury is effectually repaired by the natural process. If the fracture, however, be attended with depression, that circumstance may cause pressure on the brain, and produce symptoms of a very serious kind. If those symptoms exist to a certain degree, it is judged necessary to adopt a proceeding for removing the pressure, for raising, in fact, the de-

pressed portion of bone to its proper level. The operation by which this is performed is usually called the operation of *trepanning* or *trephining*, for it is generally accomplished by means of a circular saw. The instrument formerly used was called the trepan, while that which is more commonly employed is called the trephine; other instruments now are used which may be adequate to raise the depression without the necessity of taking away so much bone as is necessary in employing the circular saw, the practice of employing which, in fractures of the skull, as it was probably in the first instance employed for depression of the bone, has sometimes been considered as proper in all cases of fracture of the skull. In the present day we have entirely exploded the doctrine once entertained of applying the trephine in all cases, and we consider that the measure ought not to be had recourse to unless where there is depression, accompanied with symptoms of compression of the brain. There are many instances of depression of the skull in which the bone is driven in to a depth equal to the thickness of the skull, as, for instance, where the upper surface of the bone is so much depressed as to be on a level with the inner surface. There are instances in which the depression is greater than this, where it reaches to the extent of a third, or a fourth, or even three-quarters of an inch below the level of the inner surface of the skull, without any of the symptoms characteristic of compression of the brain being produced. In all instances of depression, therefore, whether attended with great or little inflammation, unless symptoms be present indicating pressure on the brain, it is not right to proceed to the operation of trephining.—It has been stated, that a depressed piece of bone, if not elevated, may become a source of irritation to the membranes of the brain, or to the brain itself, at some future period, or at least may retard the recovery of the patient, although from the treatment we adopt immediately after the accident, no such symptoms occur at the time. There are some one or two instances which seem to show that this is really the fact; however, these are not sufficient to lead us to suppose the occurrence an ordinary one. I should not, therefore, regard them as reasons to warrant our departure from the general rule, that we are not to trephine unless the fracture be attended with symptoms of pressure on the brain.—You must recollect that the operation in question is not of a very trivial nature. The removal of a portion of the skull, and the exposure of the dura mater, of themselves subject the patient to considerable risk. In the instances I have seen in this hospital, where the skull has been trepanned and the patient has survived the operation, it has happened, almost invariably, that *hernia cerebri* (which I shall subsequently mention) has taken place, an effect which generally terminates fatally, and is, in such instances, to be ascribed entirely to the operation. The question of trepanning, or not trepanning, therefore, is unlike one which involves the infliction of some trivial or unimportant wound; it is whether you will do, or abstain from doing, that which is in itself a very serious affair, and which, independently of other circumstances, may expose the patient to considerable risk. The unfavourable results of the operation were so numerous in the Hôtel Dieu, that Desault had entirely abandoned it. For several years of his life he thought it best never to employ the trepan at all. This perhaps may, in some measure, be ascribed to the unfavourable manner in which patients were situated in that hospital. The Hôtel Dieu was, at that time, extremely large, and the air was very bad and unfavourable to patients who were recovering after serious operations; but still I must confess, that if I were called upon to draw my own conclusion, and to form my own opinion, merely from what I have myself seen at this hospital, I should be nearly inclined to agree with Desault. Of the instances in which I have seen the operation performed in this hospital, the greater number have certainly terminated fatally; there have been very few instances indeed in which patients have been saved after the operation. I believe the operation is more favourable in cases in private practice, and where the individuals have the advantage of pure country air.—The question of the operation might, perhaps, be regarded in a

different light when considering a case in which there is, and one in which there is not, any external wound. Suppose a fracture occurs without a division of the integuments, and that we can feel externally that irregularity of the bone which indicates depression. Unless the symptoms very decidedly indicate pressure on the brain, I should not think of trephining, because that operation involves the creation of an external wound where previously there was none; it involves the conversion of a simple into a compound fracture, with external exposure. If, on the other hand, there be already a free exposure, and you see that one edge of the fracture is beaten in beneath the other, and find that, by means of the instrument called the elevator, you can, by simply slipping it under the edge of the depressed portion, raise it to its proper place, you would do so; indeed, under these circumstances, there would be less objection to the removal of a piece of the bone, because there is already a division of the soft parts.—If portions of the skull are actually detached, driven in, and completely separated from the surrounding parts, and more particularly if they press on the membranes of the brain, or on the brain itself, you would remove those portions just as you would take away fragments of bone in a compound fracture of an extremity; but if the fracture, although comminuted, be not attended with complete looseness and separation of the bone, and you cannot get them away without cutting through some of the soft parts, and through more than have been injured by the accident, then you had better leave them alone altogether, for the bones of the skull are like those of other parts, and we find that the portions of bone there, although loosened, retain their vitality, are re-united to the neighbouring parts, and afterwards become actually consolidated, when of course their presence tends to lessen the side of the chasm that would otherwise be left. Here is a specimen illustrating this fact. Three, four, five, or six pieces of bone have been separated, and have afterwards become united. It is a compound fracture, with consolidation of several of the loosened fragments.

Injury of the Dura Mater, and of the Substance of the Brain.—The dura mater must, as I have already mentioned to you frequently, be injured in cases of fracture of the skull.—Sometimes it is not only injured, but actually penetrated by the fractured bone, and the surface of the brain itself is more or less extensively wounded. The substance of the brain sometimes experiences very considerable injury in cases of accidents to the head, as in gun-shot wounds, where a bullet penetrates the skull, or where other large bodies pass into the cranium. There are occasionally not only wounds of the surface of the brain, but actual detachment, and considerable loss of its substance. This is particularly the case in comminuted fracture, and especially so in young subjects; part of the brain passes through the wound, and occasionally considerable portions come away altogether.—The *symptoms* are not always so serious as you might expect in an accident of this kind. Indeed there is a diversity of result observable in this respect; sometimes a comparatively slight wound of the brain is attended with very serious symptoms, and even fatal consequences; at others, the symptoms are by no means so important. Instances have been known in which instruments have passed into the brain through the orbital plate of the frontal bone, or up through the nose, and the patients have died suddenly. Baron Larrey relates in his work the case of a Russian soldier, who was wounded in one of the battles during the Russian campaign, and from the anterior part of whose head he extracted a bullet that weighed seven French ounces, and had been there a good many days. The patient recovered, and the symptoms, both those immediately after the accident and those subsequent to it, were far less serious than might have been expected. I remember attending a young man who, in a fit of mental derangement, in consequence of some love affair, put a couple of loaded pistols into his mouth, and discharged them. He of course hurt his jaw very much by this proceeding, but he lived for about a fortnight afterward. I remember that one of the bullets was found in the neighbourhood

of the jaw, but the other was not to be met with at all. Inflammation of one eye took place after the accident. The cornea became turbid, and the sight of it was lost. When he died, the fate of the other bullet was ascertained. It was found that it had gone through the orbit behind the globe, on the side on which the sight was afterwards lost; that it had entered the cavity of the cranium, by breaking through the orbital process of the frontal bone, going through the anterior part of the brain, and then passing upwards about as far as the coronal suture, making a distinct track throughout its course upon the surface of the brain. Yet, in this instance, there was no one symptom, during the fortnight the patient lived, that could have led one to suppose that any injury whatever had happened to the brain.—The *treatment* of a case in which either the dura mater or the surface of the brain is exposed or wounded, will consist in carefully cleansing the wound, removing all extraneous matters, approximating the edges, gently closing it, and then instituting very rigidly the antiphlogistic treatment which has been already described.

INFLAMMATION OF THE VULVULAR FOLLICLES.

M. ROBERT, of the Hospital Beaujon, supplies a memoir on this subject, and complains of the neglect of pathologists in respect to the little follicles which are disseminated about the vestibule of the vagina and the urethra. They are seven or eight in number, and two of them on the outside of the *caruncula myrtiformes*, more particularly deserve notice. A probe of Anel, introduced into the orifice of the gland, passes downwards and backwards, sometimes as far as 18 millimetres, and the canal has been traced by Haller as far as the anus. They secrete an alkaline liquor, which is wanting in children, but is copious in some women, and especially during pregnancy. The diseased states of these follicles has been almost entirely passed over. They may be considered as fourfold: 1st. In conjunction with blennorrhagia. 2nd. The vestibular glands, when inflamed, are accompanied by an ulceration, simple or granulated, of the neck of the uterus. 3rd. The two lateral follicles of the orifice of the vulve are separately inflamed, and, in this case, if the follicular secretion is abundant, it may be mistaken for a vaginal secretion, the sequel of blennorrhagia. 4th. Laborious parturition and inflammation of the mucous membrane of the uterus are, next to blennorrhagia, the most frequent causes of the irritation of the follicles. The glands become diseased subsequently to uterine affection.—The disease may be suspected to exist from pain, burning heat, accompanied by the white secretion. The eye and the probe confirm the diagnostic. On pressing the glands the secretion exudes, which proves it not to be the matter of blennorrhagia. The first time M. Robert remarked the orifices of these inflamed glands, they were mistaken for fistulous openings of those abscesses which Hunter has described as being so frequent in female blennorrhagia. The uniform direction of the canals proved them to be natural ducts, and not fistulae.—It is probably from the inflammation of these follicles, that some surgeons have considered urethral inflammation inseparable from blennorrhagia in females. Graef had witnessed these diseased follicles when the vagina was perfectly sound. The author saw a woman at the venereal hospital *De Lourcine*, in whom these glands were hypertrophied with inflamed orifices. She had suffered intolerable burnings in the part for five months.—When these inflammations have been of long continuance, and are become the sole affection of the genital parts, the best treatment is to pass a probe to the extremity of the follicular canal, to lay it open by a bistoury, and to cauterize the interior with nitrate of silver.

YOUNG SURGEON ON SHIPBOARD.—CHAP. II.

By A. GRANT, M.R.C.S., &c.

THE ship's company placed under my medical charge amounted at our leaving England to 103, including officers, servants, able and ordinary seamen. The ship was of 1400 tons burthen, and chartered for Madras, Calcutta, and China. We sailed from Gravesend early in March, 1837. The weather was then unusually severe, almost continued rains, sleet, and snow. In the Channel we encountered heavy gales, the ship rolled deeply, and made much water. Everything was in confusion, the gun-deck afloat, and many of the seamen thus exposed day and night to wet and cold were taken ill. It is now that the young surgeon first feels the responsibilities and difficulties of his situation; he is perhaps himself sick, many calls are made upon his attention, and he becomes bewildered amidst the disorder and discontent which everywhere meets him. There is a great want of all accommodation for the sick on board merchant vessels; the space allotted to the ship's company is very limited, and in this crowded space the sick are obliged to remain amidst the songs and the oaths of their companions regaling themselves. Their other comforts are also ill attended to, for they are left wholly to the kind mercies of one or other of their shipmates, who is not responsible for his attention to their wants, and whose other duties do not indeed allow him to take proper care of one in sickness. Much then devolves upon the surgeon, whose duty it is to see that his orders are carried into effect, that the sick receive that care which their case requires. He will often meet with difficulty in effecting this, and occasions will present themselves, when he will be necessitated to act the physician, the apothecary, and the nurse.—The diseases which occurred at this early period of our voyage were such, as under the circumstances we would be led to expect; they were almost all pectoral affections. In some the pleura was the tissue mainly implicated; in others, the bronchial mucous membrane; and in a few, the tonsillary glands. They were all attended with more or less fever, and in every case with sudden and great prostration of strength. Thirteen were of an urgent nature, and I feel at a loss under what nosological head to class them. They had many of the symptoms common to influenza and inflammatory fever; all the debility which marks the former, and the high degree of excitement which attends the latter. The invasion of the attack was always sudden, and generally came on during the night: a man who had come upon deck in the best of health, would, while doing duty perhaps at the wheel, or in one of the tops, be suddenly seized with giddiness, pain in his head and chest, rigors, difficulty of breathing, and intense præcordial anxiety; sometimes there was vomiting, and a general soreness of the whole body, but particularly in the lumbar region, complained of. In a few hours these symptoms were followed by cough, and an aggravation of pain in the chest, preventing the patient taking a deep inspiration. Pulse much excited, full, and hard. The tongue furred, urine high coloured, thirst urgent, and a loathing of every kind of food. Of 13 cases the following are the results:—Four were treated in the first instance by bleeding from the arm, followed by active purgation, diaphoretics, and blisters. The remaining 9 by an emetic at the commencement, followed by a purgative, and nauseating doses of tartrate of antimony.

Average duration of 4 cases treated by venesection—14 days to period of convalescence; 23 days to date of discharge as fit for duty.

Average duration of 9 cases treated by tartrate of antimony—5 days to period of convalescence; 7 days until fit for duty.

Not only did those treated with antimony recover sooner, but they also regained their strength more rapidly; and where labour is so valuable as on board ship, this becomes a matter of some moment. The only other serious cases during this month, were one of sanguineous apoplexy, and one of dysentery. The case of apoplexy occurred in a man only 21 years of age; he was not robust, nor did he appear to have laboured under any organic disease of the heart, but he was of a highly scrofulous habit. The attack came on during the night while he lay in his hammock. I was not called until the morning, and then the patient was unconscious of his labouring under any grave disease; he was perfectly sensible, complained of pain in his head, and inability to move himself. I observed his mouth to be distorted, and on further examination found that one-half of the body was deprived of all voluntary motion. Under the treatment usual in such cases, he recovered so far as to be able to walk about without assistance; but he had little power over the muscles of the affected arm. He was discharged at Calcutta, and went into the hospital.—There were the usual number of slight injuries, wounds, bruises, and sprains. Some of the latter were severe and extremely tedious in their recovery, particularly when occurring in the wrist, or ankle joints. The following is the treatment which I have found most applicable for such cases. When there is much pain, heat, and swelling, perfect rest of the affected joint, hot fomentations during the day, and at night a bread, or linseed meal poultice, and these are continued until all inflammatory symptoms have disappeared. If some degree of pain and stiffness remained, the use of anodyne liniments removed it; if only stiffness, then the best application is a blister, and when this has healed up, make the patient hold the limb under a stream of water from a pump or stop-cock, for ten or fifteen minutes, at least twice a day, and during the intervals have a bandage applied. Leeches cannot be well preserved on board ship, but the warm fomentations answer every purpose, and for the weakness and relaxation of the ligaments, cold seawater is the best direct tonic; oiled silk, by retaining the warmth and moisture, when wrapped round the joint, gives additional efficacy to the fomentations.

Diet and Drink of the Sick.—When a seaman is placed upon the sick list his allowance of grog becomes in all cases stopped; if his complaint be of a slight nature, he continues to share in the usual food of his mess; when more serious, he is then placed upon another diet, which is supplied by the captain's steward, according to the orders of the surgeon. I generally allowed for "*Low Diet*," tea, and bread or biscuit, morning and evening; boiled rice, sago, or arrow-root, for dinner. "*Full Diet*," tea, and bread or biscuit, morning and evening; roast or boiled mutton, or pork, soup and bouilli, or gravy soup for dinner.—The best drink is thin Cungee-water, or water acidulated with lime-juice, and made agreeable by the addition of sugar.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of gentlemen admitted members on Friday, October 9th, 1840:—

Francis Grenup; Alfred George Roper; James Graham; John Parke; William Henry Reynolds; George Sackville Cotter; Henry Hare; William John Blake French; Edmund Stillingfleet White.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

On the Discrimination and Appearances of Surgical Disease. By John Howship, Surgeon to Charing Cross Hospital, &c. Pp. 420. Churchill.

F.—*Anxious to receive the copy.* A letter shortly as to arrangements.

J. F. has our thanks. We are always glad to receive medical news of any kind.

DR. HODGKIN.—*It was Harrison—King Harrison.* If the sketch be obtainable, it shall appear. Hodgkin, after devoting all his life to the service of Guy's and the Museum, when a vacancy in the office of assistant-physician happened, Babington, who attended there only as a student! was appointed over his head to fill the vacancy. Mr. Biddulph (late M.P. for Hereford), who is a governor of Guy's, showed a correspondent of ours a letter he had received, on the gross injustice done to Dr. Hodgkin, who (our correspondent observes), is "one of the best men in every sense of the word; as a philanthropist, he is devoted to the good of his fellow-creatures; of his professional merits, there is but one opinion."—King Harrison's life has been directed by preference of pretension, by influence and interest. The Guy's Hospital estates and livings in Herefordshire are known to be sadly abused. They are managed by a Mr. Whalley Armitage, and pretty question could be raised for discussion and inquiry in the House of Commons upon this, as an endowment for public charity. We expect full particulars, and on receiving them intend to trounce the unjust stewards and jobbers.

Several communications again unavoidably postponed.

DR. HOLT'S copies were posted, but shall be again sent. We have been great sufferers by Post-office robbery and negligence.

MR. GRANT'S paper was unavoidably curtailed, but if the copy is sent well in advance, the full quantum will be given.

SIR C. FORBES'S copy was duly posted.

S. R. has our thanks for the suggestion. His complaint about Mr. Bree's assertions at Bury St. Edmund's Meeting, should be addressed to the Bury paper, in which the report first appeared.

Our Report of the Meeting in the South of Ireland is again postponed. We hear the profession are indebted to Dr. Gore, of Limerick, for having got up this important meeting.

We have seen a new knife for dividing the vessels running into the cornea in chronic corneitis. It has a flat lancet blade, for puncturing the conjunctiva, beneath the vessel to be divided, and another blade on the top, for cutting through the vessel. This knife merely requires to be directed below the vessel desired to be destroyed, and does its office without the dragging and painful feeling produced by dividing the vessels in the usual way.

DR. COWAN'S efforts for the suppression of quackery deserve the gratitude of the profession. He informs us, that the "high estimate of popular expenditure upon quack nostrums is not a vague assertion, but deduced from taking an average of nearly 500 stamped medicines, allowing for the greater numerical sale of the lower priced articles, and the multiplication of the sum so obtained by the annual number of the stamps. Its accuracy is also confirmed by knowing the average value of the stamps, which clearly indicates the relative quantities sold of the cheaper and more expensive articles. Dr. Davies, of Presteign, has made numerous inquiries for the purpose of ascertaining the annual sum expended in particular localities; and we give the result of his own researches in his own words:—"A town with a population of from 2,000 to 3,000, having a weekly market, in a district wholly agricultural, sells at the least £140 worth of quack medicines yearly. This I think is £40 below the mark in many towns. I state the minimum."

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THE MEDICAL TIMES.

LAW MUST PROTECT US AGAINST IGNORANCE.

A FEW nights since we heard the Websterian propositions read by their author, to his friends assembled in Exeter Hall; but we must have an "authorized" copy of the crudity, before we place it side by side with its co-mate, the Warburtonian project. In the meantime we proceed with a few more notions on the ethical condition of the profession as preparatory to the consideration, in the widest sense, of *what is to be done?*

If we inquire what has been the conduct of the world, with some exceptions, towards medicine and its followers; we are told that in 300 centuries, during which medicine has existed, the people have thought a regular profession sometimes necessary, but not indispensable. Some enlightened and civilized persons have raised extraordinary minds at different times, and in different countries, and let them down again, according to the changes of popular caprice, fancy, and fickleness; they have demanded the profession as their own peculiar right and trust, and they have exercised a liberty with "their own," which has gone to the grossest licentiousness, and the imminent peril of human life. In all countries, the people have hated the high-minded, and encouraged the low-minded; they have ever done their utmost to burlesque the regular profession, and to strip it of principle, dignity, and honour—to destroy its character, respectability, and prosperity.—They have ridiculed and persecuted the science and its innovators, reformers, and improvers; they have preferred to them the vilest charlatans; and more than that, they have made it the most dependant, servile, crawling, toady, and obsequious of the professions. They have never failed to persecute and calumniate the scientific enterprise,

honourable emulation, and independent thinking individuals of the body, at one time or other in every country in Europe, and at the same time exhibited themselves as the dupes of the most base and unprincipled Astutes and Quacks.

As Professors Gregory and Alison, and many other Reformers have observed, medical men and the people have judged of the art more by opinions than observations, by example than reason, which always ends in forming a foundation of mere conjecture, supposition, and hypothesis; and we do not hesitate to aver, that what the last Professor of this celebrated line, James Gregory, said, is the 'whole truth and nothing but the truth;' that "The PEOPLE in this country are more prone to be *influenced* by VULGAR PREJUDICES, than by PHILOSOPHICAL FACTS, in respect to medicine."—But through twenty-seven years of a professional life of observation and experience, not of learning the *opinions* of fools, nor of following the examples of knaves, we have found "persons" (in *all* classes, particularly some Lady Bountiful and Old Nurse, or some Lord Froth and his dog Faddle,) to quote a high authority, "sufficiently ignorant of physic and physicians not to know their own incapacity, and conceited enough to believe their judgment to be infallible."

All the evidence derived from medical history for 3000 years has clearly proved the above assertions; *that* the highest and lowest of mankind have done their worst to substitute artifice and quackery for regular medicine; to fight the worse, and ruin the better cause. Whenever medicine has been left in the hands, and to the tender mercies of the people, it has been reduced to the lowest ebb, that is, to the level of their own infamous moral, vulgar, and illiberal ideas and tastes.—As in Rome, so in England, if wealth becomes concentrated in the hands of THE FEW, avarice, pride, exclusiveness, social and private despotism, will increase. As the natural poverty of the low class falls more and more to the lot of the MIDDLE and the MANY, the profession not being self-dependant, and being oppressed by over competition and extreme indigence, will descend in respectability, mental energy, and skill, and fall into more slavish, obsequious servility to its tyrants, the public, than at present. Does not the wise, enlightened, and benevolent legislator see that Reform alone, and legislative wisdom, can preserve the skill, utility, and dignity of medicine?

MEDICAL ASSOCIATION.—A meeting of the medical practitioners of Hyde and the surrounding neighbourhood took place on the 1st of October, to celebrate the first anniversary of their Association, established for the purpose of promoting kind and gentlemanly feelings towards the respectable members of their own profession, and enjoying occasionally the pleasure of each other's company at a festive board. Mr. Jordan, of Manchester, filled the chair. The repast was in the best style of comfort and elegance; the fruit and wines were choice and excellent, and the hilarity of the evening could not be exceeded.

MEDICAL CLUBS.

WE have received from an eminent and popular physician in Liverpool, through the medium of one of our principal correspondents, the following information and reasoning concerning the institutions called 'MEDICAL CLUBS.' We believe that there are certain bodies of this kind in most of the country towns. We shall make strict inquiry respecting the working of them, as it concerns the daily—the "bread and cheese interests" of the profession. "Now that we are on the subject, 'What Medical Reform is wanted?' I am afraid, do what you will, the profession will never be satisfied. To please the profession you *must fill every man's pockets!* It cannot be done. What ought to be done? Look at the question from another point of view; let us suppose *we are not of the profession.* In Liverpool there are 55,000 labourers, who receive from 18s. to 40s. a week; let us suppose we ourselves received 25s., from a sum like this it is impossible to make any great savings, but we can enter a club, pay our sixpence a week to the club. The club will pay to some surgeon-apothecary 3s. a year for each man; thus we should be ensured medical attendance, medicines, and 12s. or 16s. a week during sickness, perhaps a sum for burial. Is this injurious to the profession? No; we should never be able to pay at all if it were not for this mutual co-operation. And have we a good doctor for the money? Yes; but not *the best*, sufficient for all *ordinary* purposes, but it *cannot* be expected that he should be a first-rate! As far as I can learn, out of 1000 men, one-third, or 333, would be sick one time or other in the year; for attendance on these the remuneration would be £150, or 10s. 6d. each case. It pays very well a man whose education has cost £200 or £300: £100 is usually paid as an apprentice fee, eight to ten pounds for lectures in some provincial school, and six months in London, £150."

"October 5, 1840."

[After all, this is merely choking up the profession, to find a support for more labourers, hewers of wood and drawers of water, who are as well out of the profession as in it. We do not want the profession *lower* than it is, but *higher*.]

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 3rd October, 1840:—

Epidemic, endemic, and contagious diseases	211
Diseases of the brain, nerves, and senses	130
Diseases of the lungs, and other organs of respiration	223
Diseases of the heart and blood-vessels	15
Diseases of the stomach, liver, and other organs of digestion	73
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	1
Diseases of uncertain seat	87
Old age, or natural decay	67
Violent deaths	24
Causes not specified	6

Deaths from all causes

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XI.—HOW THE SEASON COMMENCED.

THE First of October! What an important day is that to the younger branches of the medical profession, who first commence their lectures, and, freed from the constraint of an apprenticeship, begin to assume the tone and quality of a real medical student! What a day of nervous expectation is it to the professors of the schools, who are anxiously forming their calculations as to the fresh number of "perpetual" entries; and endeavouring to perceive the effect which their prospectuses, cards, and advertisements have had upon the students in general!

It was on this day, about one o'clock, that Swubs, Okes, Macarthy, and all our old friends, found themselves reunited in the dissecting-room for the purpose of attending the introductory lecture of the season, to be delivered by Dr. Philanthus, according to his turn amongst the professors of the school. A busy day it was with me, and had been for a week previous. The slabs and trestles had all been scoured to the best degree of cleanliness they were capable of receiving; all the stools that had been broken in the spring, from hopping races on them, were furnished with new seats; the tops of all the preparation bottles in the museum were fresh painted and varnished, as well as the black board in the theatre; the ledges to rest your arms on in the lecturing-room were despoiled of their multitudinous and eccentric devices, and a new coat of stone colour applied, well mixed up with sand, to turn the edges of all audacious knives that might hereafter presume to trace any curious subjects upon its surface, and a layer of resplendent sawdust was strewn about the slate floor of the dissecting-room, to look fresh and wholesome, and entice the new men to enter to everything.

By the appointed hour every seat in the theatre was occupied. The professors of the school collected round the last row, and over them were stationed several old gentlemen with white heads and red faces, who wore gaiters, applauded with their umbrellas, and had been to every introductory lecture at the school for the last twenty years. Then came several fathers, who were bent upon going round to all the schools in succession, and seeing which was the best, before they entered their sons to any; and next were the new men who had entered by themselves, the majority of whom were from the country, and carried low broad-brimmed hats, formally-cut brown coats, and loutish square-toed boots with tips and heels. Most of the old pupils were scattered about in little parties of two or three, amusing themselves according to their different inclinations. Mr. Okes had commenced a vigorous attack with the stump of a broken knife upon the newly-painted desks, on whose surface he was busily employed in cutting out a peculiar anatomical diagram, and Macarthy was fixing little paper men to the end of a piece of string, which he contrived to make depend from the ceiling by means of a bullet of chewed paper at the other extremity. Swubs had fortunately captured a blue-bottle fly, and having drawn out a thread from his pocket-handkerchief, had attached it to one of his legs, and then given the insect his liberty, much to the annoyance of the bald-headed governors below, and equally to the amusement of the men above. The remainder were employed in cheering the different teachers as they entered and took their seats.

"Pshaw!" said Mac to Johnson, who sat beneath him, and was clapping his hands, "Don't wear yourself out in that way. Take a book and bang the desk—the 'Dublin Dissector' if you have a preference; Quain's is

too large, but with a Dublin you may stun the devil;" and seizing a book, Macarthy vehemently commenced thumping the ledge with such enthusiasm, that a friend of one of the lecturers who entered at the moment, thought he was being applauded, and made a low bow.

"How dy'e do, sir," shouted Okes, looking up from his work; "glad to see you, and hope you'll stand a pot after lecture."

The stranger turned very red, looked very foolish, and backed out through the lecturer's door at which he had entered.

The clock struck two, and Dr. Philanthus made his appearance, whereupon he was greeted with a general applause. As soon as it had subsided, and he had taken his discourse from his pocket, put his watch upon the table, and blown his nose, he commenced the introductory address. After the usual preliminary remarks, he commenced by giving a history of surgery and medicine from the time of all the very celebrated people that never existed except in the shape of portraits in anatomical museums, down to the present period. He pointed to the skeleton which hung dangling over his head, and called it a beautiful piece of mechanism, and then told the pupils that as a scaffold formed the essential part in building a house, so a thorough knowledge of anatomy was based upon the bones. He added, that his auditors had embarked in a very laborious and harassing profession, but, at the same time, a very lucrative one; that their constant study and unremitting attendance at lectures would be required to make them shine in that profession; they should not read with the sole end of passing the Hall and the College; and a great deal more, which it is not at all necessary to recite, because introductory lectures are, and ever have been, the same since medical schools have been in existence. He concluded, however, by proving that his pupils would reap more benefit from entering to his accomplished colleagues than from any others; and then lauded each of the said accomplished colleagues individually, all of whom replied to the greetings with which their names were received by amiable smiles, except Mr. Snip-liver, who, laying his head upon his arms, pretended to be quite unconscious of the passing eulogy, only that his ears gradually turning very red, betrayed him.

As soon as the lecture had concluded, there was a general rush to the dissecting-room, where Mr. Okes mounted on one of the tables and gave out his intention of addressing the pupils, previously sending Macarthy round with the fire-shovel to collect sixpences for half-and-half. The old pupils all stopped, from the idea that some fun was in progress; and the new ones remained from curiosity, except two or three, who were rather afraid of the new subject in the corner. The beer soon arrived, and Mr. Okes, taking a pot in his right hand, and an empty pipe in his left, by whose motions he gave additional force to his oratory, thus commenced:—

"Gentlemen," said he, "and especially you that have just come up from the country, and who, it is very evident, don't know how to go the odd man, or you would catch the money in your hand, and not let it fall on the floor and roll under the macerating trough; gentlemen, I repeat, without at all wishing to insult you by so calling you, I wish to offer you some advice respecting those studies which you have come up here to pursue, or at least which your friends think you have, which is all the same thing provided they have furnished you with the money—don't keep rattling those vertebræ, Swubs—and you new man at the door, either come in or out, because there is a confounded draught. Now, attention."

Whereupon Mr. Okes took what Mr. Swivel-ler terms "a moderate quencher," and placing the pewter underneath the stool that he had elevated himself upon, pulled a card from his pocket, and proceeded:—"You have, new men, just been delighted and enlightened by an introductory discourse from Dr. Philanthus, and I have no doubt you have profited by it, and have already determined to buy a large note-book, a dozen steel pens, and a bottle of diamine on your way home; in fact, in a few days you will be all ink and industry. Now, as a great many governors of the hospital, and several of our governors, were present at the lecture, it was all very well for Dr. Philanthus to say what he did, but you may depend upon it he takes a long view of the case. Give me leave to instruct you as to your manner of study, and I am sure you will feel remarkably better after it.—I hold in my hand, gentlemen, a card, very nicely printed, with a border round it, and containing the names of the lecturers, and the names, weights, and colours—no, that's wrong—the names, hours, and terms of the lecturers. I will not dwell upon the comparative merits of this list, and the talented men whose labours it puts forth. I will not say for how small—how almost despicable a sum they give us the benefit of their knowledge, deriving their emolument from the pleasure of instruction alone; I will not paint to you how much they have sat up of nights extracting from a dozen books at once, and getting their course into order, neither will I show you, by description, the wives and maiden sisters of these lecturers painting their diagrams. I will only give you my unbiassed opinion, coupled with various remarks, as may be useful to you in the pleasant, easy, profitable, and not-overdone-by-numbers profession that you have embarked in.—In Physiology and Anatomy, my bricks, you will find an important and entertaining branch of your studies. Besides other wonderful things, you will be taught that the blood rattles through the vessels in little discs like silkworms' eggs, or double Gloucester cheeses that have been sat upon; and you will perhaps be favoured with a sight of a gold fish's tail through a microscope after lecture. As there are fifty to see this spectacle, and as the fish dies under the glance of the fifth visitor, it is more than probable circulation will have ceased when it comes to your turn; but if you wish to find favour in the eyes of your professor, you will say that you see the globules plainly—a thing I never did, but that's no matter. You may likewise be told what the spleen is *not*; you will hear it called 'a warming-pan to the stomach,' whereupon if you are near the lecturer, you must laugh and make a note of the circumstance."

Mr. Swubs here took another dram, and then proceeded:—

"You will be shown something in the brain called the *hippo campus major*, which is as much like a sea-horse as it's like a Welch rabbit; and you will readily account for 'singing' in the head' by the presence of the *choroid plexus*. You will find *motion* going down on the railroad of nervous power, and *sensation* returning by the up-train, to the terminus in the brain, whence medullary *busses* run through the foramina at the base of the skull to various intricate corners of the body, calling for fresh influence at the different *ganglia*. You cannot fail to be gratified at perceiving how much has been known and found out concerning the functions of the brain in a thousand years, and how easy it must be for a common student to decide upon any point which two great professors happen to be still quarrelling upon.—With respect to Physic, you will do well to study deeply all the abstruse and anomalous compli-

cations of rare and long-named diseases, and to pay no attention to such vulgar common-place affairs as small-pox, scarlet fever, measles, teething, and the like. What will you ever want with them in practice? Learn such words by heart as *idiopathic*, *adynamic*, *idiosyncratic*, &c., and leave common diseases and their names to country apothecaries, and druggists' assistants. Regard carefully the coloured pictures of eruptive diseases that hang up in the museum, and copy some of them in your note-book in pencil, and then think, when you see the diseases themselves, what a pleasure it will be to know them at once by recollecting the pictures. Be very attentive to your Surgical lectures, because, after hearing the operation for lithotomy described, you will be able to do it just as easily as you would play on the *cornet-à-piston* after listening to young Laurent at the Promenade Concerts. In Chemistry, read deeply concerning those highly interesting elements, Zirconium, Yttrium, Osmium, Titanium, Tellurium, and Tungsten, and make yourself thoroughly acquainted with their compounds. Recollect also the important fact, as connected with caloric, that water will keep hot longer in a glazed earthenware jug, than in a rusty tin pot; and on no account forget the axiom, that there is no such thing as cold—a comfortable theory to entertain in the dissecting-room during the winter months, when you chance to be a great way off the fire.—Materia Medica is altogether beneath your notice. When a man arrives at that pitch of insanity that he puts a stick of Spanish liquorice into a wide-mouthed bottle, seals it up, labels it '*Glycerhiza Glabra*,' and talks over it for half an hour—when he calls Opium, the *succus inspisatus capsularum immaturarum papaverum alborum*!—what can you think of the intellects of such a person? And what value can you put on the capacities of those who make a study of it? They can only be equalled by the Botanists—dear twaddling creatures those Botanists are—who have been known to get as many as seven to their class on very important mornings, and who, hard as they have laboured, and much as they have written, have never yet been able to imbue medical students with a proper idea of the happiness and advantage that a knowledge of botany will convey to them in after-life.—One point more, new men, and I have done. In alluding to the Demonstrations and Dissections, I am aware I touch upon a point of the highest importance. It is incalculable the benefit you derive from sitting on the top bench of the anatomical theatre, and hearing the course of a minute nerve accurately described upon the body. But there are other pleasing things connected with your studies in the dissecting-room. Whether you follow up this portion of your study or not, tell your friends that you do; and then you can often draw upon them for the price of a head and neck, varying your request, as occasion may require, to the upper and lower extremities. Above all, my boys, never get off your beer! No man ever yet got a prize who couldn't drink half-and-half, and no man was ever rejected at the Hall who stood a pot when he was asked. I drink, in conclusion, all your very good healths, and much good may it do you." Whereupon, amidst loud applause, Mr. Swubs finished his speech and his "moderate quencher," and then flung the empty pewter at the head of the subject that was lying on the next table, and jumped upon Macarthy's back, who carried him once up and down the dissecting-room, and then shot him into the middle of a knot of new men, who were debating whether they should go home and read up the bones of the head, in readiness for the morrow, or see a little of London and its amusements. How

they decided I will tell you next week, as well as where the most industrious found himself next morning.

ROCKET.

FOREIGN JOURNALS.

Gazette des Hopitaux.

L'Experience.

Journal de Chimie Medicale.

Cancer and Cancerous degeneration of the Blood.—A cancerous tumour in the breast of a lady in her forty-eighth year, was amputated under circumstances which could induce no suspicion of the disease existing in other organs. The axillary glands were sound; the womb was also healthy; the viscera were interrogated without discovering a vestige of the affection elsewhere than in the breast. After the operation the wound had nearly healed, when difficulty of breathing with pain in the side of the chest occurred, yet auscultation and percussion proved the pectoral organs to be perfectly sound. Leeches relieved the symptoms, but on the next day the right flank became painful, without any shiverings or fever. Bleeding was employed both morning and evening, and the blood of the second of these operations being examined, was found to be completely diseased, without consistence, and like curdled milk. The clot, instead of being entire, formed itself into portions, and was clearly in the way of cancerous transformation; and it was remarked that as the first bleeding in the morning did not manifest the same disorganization of the vital fluid, the cancerous element was rapidly on the increase. On the succeeding day the dyspnoea grew worse, the extremities became cool, and in twenty-four hours more the patient was a corpse.—On examining the body after death putrefaction was found to have taken place with unusual celerity. The cicatrix of the wound was regular externally, but its under surface was lined with a whitish soft mass, incompletely organized, interspersed with red stellated spots, indicating the progress of organization, but consisting of soft cancerous matter, of new formation. The axillary glands were found to have taken on the cancerous action since the operation, as was presumed. They presented a shell of their primitive structure between two layers of incipient cancerous matter, that is, the shell was filled and covered with it. The matter was pervaded by blood in a state of cancerous transformation.—A great number of cancerous nuclei, of recent date, were found in the substance of the liver, and formed by extravasated blood in a state of cancerous transformation. *The lungs and other viscera of the chest were perfectly sound,* so as to give no clue to the cause of the dyspnoea.

On the Development of Cancer in the Veins—Inoculation of Cancer in Animals.—Dr. LANGENBECK, in the journal *L'Experience*, contests the opinion of M. Cruveilhier and other pathologists, that primitive cancer has its seat in the capillary veins. The opinion may hold good as to secondary cancer, as, for instance, when it attacks the lungs. In the latter case, the molecule of cancer or cancerous cell is floated into the circulation, and having taken its seat in some new part, multiplies itself in the same manner as the *utricule* detached from a plant of the inferior classes, reproducing the species. In this way secondary cancer is formed in the lungs, or in the thoracic duct. But what is this cancerous cell? The memoir under examination replies, that "the cancerous matter is developed in the blood, and there passes into the state of cells, and finally takes its seat upon some organ, and there forms a tumour." "In two cases of cancer of the uterus," says the author, "I saw most evidently cancerous cells; the uterine veins, and those of the pelvis, were

filled with coagulated masses of a reddish yellow colour, composed of fibrine, globules of pus, and small carcinomatous cells; but these masses were chiefly formed by elliptical transparent globules, similar in every respect to the granulous substance which constitutes incipient cancerous matter. The iliac veins, the vena cava inferior, and the right side of the heart, were filled with black and liquid blood, in which I also found cells and granules of the same kind. The blood of the heart contained clots composed in the same manner. In the pulmonary artery, they were adherent to its inner coats, completely blocking up the smaller ramifications. These clots were almost solely composed of carcinomatous cells."—Several rabbits, in whose veins the liquid of a cancerous breast was injected, died in twenty-four hours.—The following experiment on a dog merits attention. The author mixed with 250 grammes of blood from the femoral artery of a dog, 31 grammes of liquid cancerous matter taken from the surface of an enormous cancer of the uterus just extirpated. With this he injected the femoral vein of the same dog. The animal at first had a little dyspnoea, which soon abated. Then fever came on, but at the expiration of eight days the symptoms completely disappeared. The dog then wasted away, although the appetite was good. At the end of two months he was killed.—In the anterior part of the inferior lobes of both lungs, were two or three flat greyish indurations, about the size of a lentil, and similar to the cancer of the lungs in the human subject. In the right middle lobe was a hard circumscribed tumour, of the size of a *haricot* bean, having the appearance of a cancerous tubercle. On being cut into, its substance was found hard, bluish, spotted with red, and homogeneous. On being examined by the microscope, strong fibres were perceived to be intermixed with cells 1-100th of a line in diameter. The liquid expressed from it contained globules of the size of those of blood, and finally, a portion of fat, both of which elements the author had already found in the cancer of the uterus, from which the dog had been inoculated. The pulmonary carcinoma of the dog differed from that of the human subject in the lungs only, by its more solid fibre, and by its greater cells, which were filled by a yellow nucleus. These cells are considered to be a product of the cancerous liquid injected into the animal, and a new proof that the schirrous and encephaloid tissues are identical, differing only as to degree.

Poison from the handling of the Arundo Donax (the cane or reed of Provence).—A young man, says Dr. VIGIE, carried a packet of reeds on his naked shoulder. On the following day, he had violent headache, which confined him to the bed: the side of the face, the neck, and shoulder, which had been in contact with the plant were red, swollen, and itchy, as was also the penis and scrotum. This was followed by a vesicular eruption, which gave issue to its contents, and the rupture was followed by purulent discharge from all the parts for fifteen days. The redness and swelling were bounded by the median line of the body. The parts affected, and especially the genitals, could not endure the slightest touch or the movement of the body without pain. The skin was hot and acrid to the touch, and the pulse was frequent and strong; in a word, he was in a burning fever. Before this attack, the patient had handled these reeds for four days; during that period, had experienced a burning of the throat, with constriction. The symptoms disappeared without any other treatment than washing with cold water; and as they frequently reappeared after handling the packets of reeds, he had recourse to cold water

gargles, and to washing with the same liquid his hands, and other parts which had been in contact with the noxious plant.—Fifteen young men, at another period of the year, having carried a quantity of these reeds to the public square for a bonfire, were 'all attacked on the following morning with fever, headache, redness and swelling of the hands, and especially of the genital parts, which acquired an enormous size. At the expiration of a few days, the vesicular eruption appeared and terminated with an abundant and long-continued suppuration. Several other cases are noted, but the above are sufficient to indicate the march of the complaint.

Poisoning by chewing the Lattyrus Odoratus.—The *Journal de Chimie Medicale* reports, that a lady setting out on a journey in a carriage, plucked a bouquet of the sweet smelling plant in question, of which she chewed a portion of the stalks. In about half an hour her throat became painful, and her thirst intense, which increased until the end of her journey, of about three hours' duration. At this period the pulse beat rapidly, the eyes were turgid, the pupils dilated, the tongue and lips violaceous and swollen; the face was flushed, the veins of the neck were distended, the intellectual faculties were almost gone, and not a word could be uttered. Mustard poultices were applied to the lower extremities. Seven decigrammes of lime were administered in some antispasmodic potion, but how or at what intervals is not stated. In two hours and a half an amendment was perceived; the patient, who could now speak, complained of acute pain in the posterior part of the head and the epigastrium. Tartaric lemonade and a warm bath, were prescribed, and the patient recovered on the following day.

Insoluble Salts of Copper soluble in the Stomach, and Soluble Salts of Copper rendered insoluble in the Stomach.—Both these facts, which are important to the medical jurist, are demonstrated in the same journal, and may be studied in connexion with the memoir of M. Orfila.

M. LEFORTIER boiled the protoxide of copper of commerce in distilled water, until the usual tests could detect no copper in the decoction. He then administered the residue to a dog, which in half an hour vomited. The ejected matter, diluted with water, and filtered, gave a violet hue with potash and ammonia, and let fall a quantity of flocculent animal matter. Sulphhydrate of ammonia produced a light brown colour; yellow cyanure of potassium and iron turned it red; and, finally, a plate of iron plunged in the liquid acidulated was covered in a few minutes with a visible layer of copper. In order to discover whether the aliment itself rendered the copper soluble, a portion of beef cut small was put into distilled water, with a portion of protoxide of copper, and boiled cyanure of potassium and iron produced a slight change, but nothing equal to that which was produced in the ejected matter: moreover, while the residual ejected matter on the filter in the course of six hours presented greenish copper spots, which could only arise from a saline compound of the oxide, the solid animal matters contained in the mixture of copper and beef was unaltered. The binoxide and insoluble salts of copper produced the same result. As to the fact that *soluble salts may partly pass to an insoluble state in the stomach*, acetate of copper was given to a dog after taking food; vomiting was prevented by tying the œsophagus. The animal died, and was opened at the expiration of twenty-four hours. The stomach, inflamed throughout, without ulceration, was covered with a pulverulent matter, easily removable with a knife. The

substance of the stomach, cut into strips, was boiled in distilled water until the reagents ceased to indicate copper in solution; then the solid part was divided in two parts, one was treated by azotic acid, and the other was incinerated in a crucible.—The product of the incinerated matters *found in the stomach*, treated by heated diluted azotic acid, was of a light blue colour, on being evaporated to dryness. The residuum was *partly* soluble in water, the insoluble portion was bluish, and consisted probably of phosphates of lime and copper, both being dissolved, in the first instance, by azotic acid, and then precipitated by evaporation. The liquid solution, tested with yellow cyanure of potassium and iron, became of a deep red colour, and produced an abundant deposit in a few instants. Ammonia changed the primitive liquor to blue, the sulphhydrate of ammonia rendered it brown. A blade of iron plunged in the acidulated liquor, presented a copper colour on its surface. The portion of the stomach itself incinerated, gave the same results.—The portion of stomach dissolved by boiling nitric acid, was filtered and evaporated to dryness. The residuum, boiled in water, produced a coloured solution, in which no trace of copper could be discovered by the iron plate.—The matters contained in the stomach frequently submitted to ebullition in water, produced a solution in which no copper could be traced, but on the surface were insoluble globules of green fatty matter. These, submitted to incineration and the other treatment above described, gave a solution in which the copper was detected by the yellow cyanure of potassium and iron, by potash, ammonia, and the iron plate.—Blue sulphate of copper by long boiling is convertible into phosphate with excess of acid, and phosphate with excess of base crystallized in four-sided prisms, and of a green colour.

Efficacy of Sulphate of Quinine applied as a plaster in tumefied Spleen, and its accompanying Dropsy, &c.—DR. VOISON, Physician of the Central House of Detention at Limoges, adverts to several severe cases of enlarged spleen, cured by the *emplastrum de vigo cum hydrargyri*, in which was incorporated six or eight grammes of sulphate of quinine—more or less, according to the extent of surface to be covered, and that plaster is to be renewed every forty or fifty days. This therapeutic application spares the patient the disgust of taking large doses of quinine, and has invariably succeeded in the hands of the author, without any other remedy. The paroxysms of fever are also cured by it.

Large doses of Sulphate of Iron in Aque. DR. VOISON considers that the deuto-sulphate of iron, taken internally in doses as large as those of sulphate of quinine, is quite as efficacious in the cure of intermittent as the quinine itself. This is worth a trial, but success seems to depend on the fulness of the dose administered.

Calculus in the Bladder detected by Auscultation.—The *Gazette des Hopitaux* contains a letter from DR. MOREAU on this subject. Patients have been operated for calculus where none existed, and the mistake has arisen from the projection of a tumour in the bladder or behind it, pressing its coat forwards. In one case, the body of the uterus itself, in an anormal position, pressing the bladder forward in the form of a tumour, occasioned the deception. In another, which occurred recently to M. Guersant A child of eight years, labouring under symptoms of calculus, was sounded. The catheter detected a rugous body on the right side of the bladder, and the same sensation was imparted on a second examination. The child complained of pain in the hypogastric region, and the urine was mucous, as in

catarrhus vesicæ; at length peritoneal inflammation supervened, which being treated in vain by bleedings, blisters, and mercurial frictions, terminated fatally. On dissection, the appendix vermiformis was found considerably enlarged; it had contained a quantity of pus between its serous and mucous membrane, which finding issue into the abdomen, had occasioned the fatal peritonitis. This tumour, pressing on the bladder, had produced the sensation of a stone. Dr. Moreau has made many public experiments in presence of M. Velpeau, showing that an ordinary metallic catheter, with the ivory plate of a stethoscope at its handle, would, on being introduced into the bladder, transmit the sound of striking on any calculus it might encounter. Auscultation by this method will detect the existence even of columnar enlargements of the coats of the bladder, and will indicate the motion of the urine when agitated by the instrument.

Seat of Blennorrhagia in Females.—A report of the Academy of Medicine having erroneously ascribed to Dr. Gibert an opinion, that in the gonorrhœa of women, vaginal discharge commonly co-exists with the urethral. He has published the following extract from his Memoir to the Academy, to show his opinion to the contrary, and that the vaginal discharge or secretion from the vagina itself is more commonly absent; also that the discharge lining the vagina, will be found frequently to arise from the neck of the uterus. In females, says the author, the seat of election of blennorrhagia is the meatus urinarius, as in man; but in all cases where I have used the speculum, I have seen a uterine discharge accompanying that of the urethra, and continuing after the latter is cured, so that the neck of the uterus may be considered the principal source of the blennorrhagic flux in woman. Nevertheless some modern writers have designated the female clap by the term vaginitis, or inflamed vagina; but in the immense majority of cases, the vagina does not secrete the discharge, and if it be sometimes red, this appearance is transient, and yields rapidly to repose and cleanliness. It is only in a few rare cases that we meet with a milky or purulent discharge, really furnished by the vagina; on the contrary, in every woman who has contracted a clap, there exists, during the first two or three weeks, a characteristic suppuration, together with a discharge, originating in the neck of the uterus, which last, by its continuance after the cessation of the urethral symptoms, may be confounded with leucorrhœa.—*Gaz. Medicale.*

Femoro-Pretibial Neuralgia cured by Acupuncture.—DR. LAMBERT describes the case of an aged female, who, while gleaning, was seized with acute pain in the right leg. She fell without daring to make the slightest attempt to resume her erect position. After varied treatment for nine days without the least success, acupuncture was performed on that and the succeeding day, with evident amendment. On the third day it was about to be repeated, when some unpleasant remarks were made by a bystander, in consequence of which it was deferred; but the patient continued to amend, and finally recovered with no other treatment.

Pericarditis consequent to general and severe Indisposition of Three Years' standing, cured chiefly by large doses of Emetic Tartar.—It is curious to note that a disease of long standing, which bid defiance to the treatment employed, should have been entirely cured by the accession of another disease, and the remedies thereunto administered. Similar facts, however, are far from being uncommon; witness the various forms of anomalous gout simulating asthma, carditis, delirium, &c.—This

patient, a female 48 years of age, who was naturally amiable and mild, had for three years past, about eight days before each menstrual period, become a complete devil. The pulsations of the heart were hurried, the eyes and face were turgid, and the conduct of the woman bordered upon insanity. On the appearance of menstruation these symptoms took their departure. Occasionally she had floodings, headache, and palpitations, and such were the signs of phlethora that large bleeding from the arm was on one occasion employed for her relief. At length she was seized with a violent pain in the pit of the stomach, which was considered to be cardiac neuralgia. On the following day the pain was intensely augmented, with great cerebral excitement. The pulse was irregular and intermittent. Malady was perceived on the surface over the heart, and pericarditis was diagnosticated. Repeated bleedings vanquished these symptoms, but about three weeks after the attack the patient felt a sense of suffocation, with sanguineous expectoration and a dull pain all over the side, as in pneumonia. Bleeding was employed. On the following day the chest, on being ausculted, gave no sound; the patient had been delirious, and the eyes were slightly convulsed. Sinapisms, blisters, and purgatives had been employed in the first malady. Emetic tartar was now pitched upon, six grains produced vomiting and purging; on the next day twelve were given, but how or at what intervals is not stated. The efficacy of the first day's treatment was such that the pulse descended to 90, and the inspirations from 45 in a minute to 25. A blister was, however, added, and convalescence seemed to be ensured, when a new train of symptoms formed in the larynx and œsophagus. The voice and deglutition were impeded, and the mouth became lined with diphtheritic flakes, which, in vulgar parlance, would be deemed thrush.—These symptoms were treated by detersive gargles, and other appropriate remedies, and finally the patient recovered her health without experiencing a return of her previous disorder.

Preparations of Belladonna in protrusions of the Iris through the Cornea.—The cauterization of the iris as recommended by M. PETREQUEN, of Lyons, having failed in the hands of M. CHAUMET, the chief surgeon of the Hospital Saint André, at Bordeaux, that gentleman recommends belladonna for the purpose doubtless of exciting the contractile power of the imprisoned muscle.

Amaurosis successfully treated by instillation of Strychnine in the Eye, also by Cauterization of the Conjunctiva in several parts by Nitrate of Silver.—M. Chaumet affirms that he has derived great benefit from both these plans in different cases. The strychnine is also used endermically to the forehead, after the skin has been abraded by the blistering pomade of Gondret.

Palpebral Vesication in Inflamed Conjunctiva.—The same gentleman speaks in rapturous terms of this treatment, which it may be well to add has been employed with success by M. VELPEAU at La Charité. M. Chaumet avers that in many cases it is unrivalled, but as remedies frequently get into disrepute from misapplication, he endeavours to define as follows the limits in which it is useful.—1st. In ophthalmia, when the conjunctiva of the eyelids is not greatly suffused.—2nd. When the transparent cornea, the sclerotic, the ciliary processes, and other deep parts of the eye are affected.—3rd. In ophthalmia of long standing, it will be more efficacious than in recent acute and intense inflammation.—4th. In hypopion of the chambers of the eye after antiphlogistics, it will favour resorption.—5th. When

the cornea is vascular or ulcerated, or softened, or opaque, from effusion between its laminae.—M. VELPEAU ascribes to the palpebral vesication a clarifying power which renders it of extreme value in some opacities of the cornea. He accounts for the efficacy of this treatment of ophthalmia by the antagonism between the vessels of the eyelid and those of the eye.

Strong Decoction of Nutgalls poured into the Eye in Blennorrhagic Ophthalmia.—M. CHAUMET speaks most highly of this treatment, but whether it be more efficacious than the concentrated solution of nitrate of silver (3j to ʒij), is very doubtful.

Efficacy of Raw-carded Cotton applied to inflamed Surfaces, as Erysipelas.—That raw cotton is an admirable remedy for a burn, and that it operates almost miraculously in abating pain, and preventing vesication, if the part affected be well covered with it, is one of those facts which every old woman knows, yet many old women of the profession either disdain to use it, or know nothing about it. M. BAUDENS, the chief surgeon of the Hospital of Gros Caillou, speaks in warm terms of praise concerning its use as an external application in erysipelas and other inflammations. "Carded cotton," says he, "on account of its lightness, its softness, the tenuity of its silky filaments, is the best remedy for inflamed surfaces; it keeps up moderate warmth, and abates pain and erythema while the cutaneous transpiration is restored. The parts covered by it lose their turgidity, and at every dressing of twenty-four hours they will be found wrinkled like the hand of a washerwoman.—To form a proper idea of the efficacy of carded cotton, let the medical practitioner dip his finger in boiling water until it is scalded, then let the suffering member be covered with carded cotton, the pain will speedily abate, and no vesication ensue. To make the experiment more philosophically conclusive, a finger of each hand should receive an equal portion of caloric, and one only should be submitted to the sanatory process.

HOSPITAL REPORTS.

BICETRE.—M. ROCHOUX.

Apoplectic Effusion in the anterior and the right middle Lobes of the Brain, without loss of Voice.—M. ROCHOUX has before expressed his opinion that the organ of voice is not seated in the anterior lobes of the brain, and this case seems to confirm that doctrine.—The patient, eighty years of age, was taken in a state of intoxication from the canteen to the infirmary. On the following morning his coma continued, and no answer could be obtained from him to questions put. On the second morning he was still in a state of profound coma, but on being aroused said he was a little better. As this state was still ascribed to the continued effect of intoxication, nothing was done for his relief. The next day he died, but at the visit in the morning he had spoken as before on being aroused.—The vessels of the pericranium, and those of the membranes of the brain were gorged with blood. Immediately under the pia mater at the junction of the middle and anterior lobes of the left hemisphere of the brain, was a round flattened clot of blood weighing forty-five grammes, (nearly an ounce and a half) enveloped by the cerebrum on all sides except the centre, where was an absence of cerebral matter about the size of a shilling, leaving the blood in contact with the pia mater. The part of the brain surrounding the clot presented a type of the hemorrhagic softening of that organ, being of a canary colour. At many lines distant from the seat of the clot, were masses of hemorrhagic softening, without effusion of blood.

HOSPITAL ST. LOUIS.—M. LUGOL.

Relapsed White Swelling after Amputation.

—A young man in this hospital, eighteen years of age, without any signs of puberty, was amputated four years ago for a white swelling of the carpus. Soon afterwards the disease attacked the elbow, above the amputated part. After two years had elapsed the knee became similarly affected, and the stump created four years ago is not yet healed. Since the operation this patient has an arm the less, two new white swellings, and an ulcerated stump. He is taking iodine with benefit.—In another case cited by M. Lugol in his clinical observations on this subject, the leg had been amputated for white swelling of the foot, the stump became the seat of an incurable fistula, the morbid matter fixed upon the bones of the sternum, the spine, and the ribs, where it produced caries and abscesses, and the patient finally died of tubercular Phthisis.—Two relapsed cases recently in the hospital were cured by iodine, and doubtless they might have been cured before the operation. One was a patient with white swelling of the left knee after the amputation of the same affection in the right foot. Another was a boy sixteen years of age, who had been amputated for white swelling of the elbow. The disease returned in the knee within six months.

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

MEDICAL PUBLICATIONS—COPLAND'S
DICTIONARY.

SIR,—On reference to the 'Prospectus' of 'Copland's Dictionary,' printed on the corner of the first number, published in 1833! I find it concludes with this short sentence—"It (the dictionary) will be completed in the course of a few months."—This promise, on the faith of the author, induced many to subscribe to the work, and *seven years* having elapsed without its fulfilment, may I ask, through the medium of your valuable publication, whether it is Dr. Copeland's intention to complete the work? He issued a *half-number* some time ago, with a promise that its second should soon appear, but this half work has not even been finished. It is really too bad that medical men are to be thus humbugged into subscribing for incomplete publications, by numbers, which, when published as a *whole*, will be on every bookseller's stall at half-price. Use your *time-ly* rod and stir up the learned Dr. to a little more exertion.—Your obedient servant,

"ONE OF THE AGGRIEVED."

October 5th, 1840.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

SEPTEMBER 29.

M. ORFILA forwarded to the Academy a sealed packet, to be deposited in the Archives, which is understood to contain the nitrate of potash and other substances employed in testing the arsenic in the body of Laffarge, upon the recent trial of the wife of that individual at the assizes of Tulle. It may be added, that M. Raspail having been summoned to Tulle, to counteract that testimony of Orfila which led to the conviction of the criminal, averred, that the arsenic found might have existed in the tests employed; and in the *Gazette des Hopitaux*, he has insinuated that the *nitrate of potash*, which, he says, Orfila had the precaution to take with him from Paris, might have been impure, and has charged him with having carried it off again, so as to prevent the possibility of its purity being tested by the opposing chemists. The residue of the *nitrate of potash*, which was employed to incinerate the animal matter of Laffarge's body, has therefore been now deposited in a legal manner with the Academy, and an action for calumny is said to be in progress against M. Raspail.

Researches concerning Pathological Anatomy of the Cerebral Veins, and other Lesions found in Ma-

niacs.—M. ROCHOUX made a report on M. Scipio Pinel's Memoirs on this subject. One of M. Pinel's objects is, to show that oedema of the cerebral surface is a symptom commonly met with in maniacs. The memoir is considered by the reporter as likely to contribute to the progress of pathological anatomy. Each variety of insanity is traced to a different lesion. M. Rochoux attacks the doctrines of Gall, concerning the localization of the faculties.—M. CASTEL inquired whether it were possible to define folly, for it is difficult to find a mind perfectly right. Horace was not in error when he said, that all men were more or less mad. It has been defined as a state of delirium, but the term "permanently chronic" should be added, for the latter condition is that which distinguishes insanity from the delirium which accompanies acute disease. As to compression of the brain, which is the most frequent material cause of mania, the speaker inquires why cerebral oedema should produce insanity, while hydrocephalus is unaccompanied with disordered intellect? He accounts for it by the smaller degree of sensibility in children, and he considers mania to be a derangement of cerebral sensibility. M. ROCHOUX explained that the difference in the effects of compression from the cerebral oedema, and of that from hydrocephalus, arose from the difference of the organs pressed upon, the one disease attacking the surface, and the other the ventricles; moreover, he remarked, that the maniacal effects of cerebral compression had been exaggerated.—M. LONDE remarked, that mania could not be properly defined by the term delirium. Many insane persons reason correctly, and their derangement is confined to vicious propensities, as, for instance, in the case of monomania. One has the mania of purchasing or stealing, another of covering himself with ribbons, a third has a propensity to kill, &c., and yet none of these have delirium. As to the localization of the faculties, the speaker differs in opinion from the reporters. The word sensibility, he considers to be too vague to express the different functions of the different senses. As there are varied sensibilities in the brain, there must be different organs. The speaker also combated the opinion of M. Rochoux, who ascribes less to primordial organization than to education. In a college, for instance, where education is the same for all, immense diversity of intellect is found, which can only be explained by difference of organization.—M. BOUILLAUD attacked a passage of the report, relative to the localization of the cerebral functions. After so many positive experiments had been made before the Academy on this subject, it could no longer, he said, be doubted, that different parts of the brain were allotted to different faculties. If the faculty of speech be taken for an example, we shall be constrained to admit that the exclusive seat of that faculty is in the anterior lobes of the brain. M. Bouillaud says, he never observed a lesion of that portion of the brain without more or less of injury to the speech. In one of his present patients, the cerebral affection is confined to that part which presides over the faculty in question. The man's intellect is perfectly sound, he replies to questions by signs, but when asked to write the answer, he places letters beside each other, without the power of composing a word. This paralysis of the faculty of speech, coinciding with freedom of all the movements of the tongue and other parts concerned in the articulation of sounds, seems to depend exclusively on a diseased state of the portion of the encephalon concerned in that function.—M. LONDE, in support of M. Bouillaud's opinion, mentions the case of a patient who received a thrust from a sword in the anterior part of the brain. The patient recovered, but the voice was entirely lost.

ACADEMY OF SCIENCES, PARIS.

SEPTEMBER 21.

Experimental Researches relative to the Transmission of Rabies, by M. BRESCHET, of the Hotel Dieu.—The author's experiments commenced as far back as twenty-five years, but as doubts have been latterly entertained relative to the contagious property of rabid matter, he has deemed it

expedient to relate facts which establish the contagion. He has observed a great number of hydrophobic patients at the Hotel Dieu, and in every case the disease arose from the bite of a mad dog. Nervous hydrophobic symptoms, he says, may exist in man, but they are essentially different from the disease in question.—Rabies, in animals, or hydrophobia in man (for in animals the dread of water is not an essential symptom), is always produced by inoculation, and more generally by the bite of an infected subject. The disease has been transmitted by inoculation from man to the dog, but there is no recorded instance of its being communicated from man to man. Thirty-eight hours after inoculating a dog with the foaming saliva of a hydrophobic patient, the animal became furiously rabid; many other animals bitten by this one became also rabid, but the author remarked, that the contagious principle was worn out after it had passed through several subjects.—Rabies appears in general from the 20th to the 30th day after the bite, but sometimes much later. In a few cases, the horror of water was wanting.—The author caused an ass to be bitten by a mad dog, and the disease was produced in its highest degree. Two horses were inoculated with the foaming saliva of a rabid dog, and both had the disease, but in a minor degree. The saliva of the rabid ass, above mentioned, was introduced under the skin of several dogs, and they all became rabid. The same experiment was made on rabbits with like result. Birds of different species, fowls, palmipedes, rooks, and birds of prey, died from the result of inoculation, although no symptoms of rabies could be detected in them.—The pure and simple contact of the virus is not sufficient to produce rabies, as was observed by Fontana; but Enaux and Chaussier declare, that they have seen rabies produced by the saliva of a mad dog received on the lips.—Is the blood diseased? Numerous experiments show, that the only virus capable of transmitting rabies, is the foaming saliva, which flows from the mouth, or the secretion from the throat of the rabid animal.—The object of M. Breschet is, to show that the disease cannot arise spontaneously in man. As to the post-mortem appearances, the isthmus of the throat, the velum palati, the pharynx and oesophagus, have sometimes been found of a marked rose colour, but more frequently of a deep red, approaching occasionally to the violet. A frothy mucosity, similar to that of the respiratory organs, covered all those surfaces and descended to the origin of the oesophagus. The distension of the capillary vessels of the lungs by black blood was very manifest. The examination of the nervous system has detected a sanguineous injection of the pia mater, of the surface of the brain, of the lobular interstices, and towards the fissures, especially that of Sylvius; but the author has never discovered any material alteration, any well-defined inflammatory action of the brain, or of its annexes, excepting sero-gelatiniform infiltration in the cellular texture of the pia mater, and upon the course of the principal arterial branches. The lungs were more or less injected, but one of the most frequent alterations is that of the mucous membrane of the air passages; it consists in a red tint, occasionally violaceous or almost brown, belonging chiefly to the bronchiæ, and less frequently to the trachea; emphysema of the cervical region, and especially of the lungs, was frequently observed.—It would be difficult to point out with precision the parts which secrete the frothy saliva. The salivary glands are neither more swollen nor more red than in a healthy state; on the other hand, a great quantity of this liquid is found in the trachea, the bronchiæ, the pharynx and posterior fauces. From these circumstances we may presume, that the saliva constitutes but a part of the liquid.

MEDICAL OBITUARY.

At Cowes, Isle of Wight, F. Kingston, Esq., of St. Alban's, surgeon, for many years an alderman and magistrate, and twice mayor of that borough.

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A Journal of English and Foreign Medicine and Medical Affairs.

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PROFESSIONAL SKETCHES.

SCOTCH DUB-STAMPED DOCTORS.—NO. II.

Some with HIGH TITLES or DEGREES,
Which wise men borrow when they please,
Without or trouble or expence,
Physicians instantly commence,
And proudly boast an equal skill
With those who claim the RIGHT to KILL,
Well knowing, by unerring rules,
KNAVES starve not in the LAND of FOOLS.
CHURCHILL.

A VERY strong feeling has ever been entertained against these Northern Lights and Meteoric Stars of the profession, and their trumpet diplomas, by the regular and respectable part of the profession in England. They naturally say, "What security is there for the profession, or for the public, or of what use is it for gentlemen to expend £1000 in educating themselves and their sons regularly for the profession, if all sorts of unprincipled adventurers and privileged assassins are to be suffered to drop from the clouds wherever they think proper, and practise without legal let or hindrance, perhaps with more notoriety and gain among the ignorant than ourselves, or our children, who have 'paid but too dearly,' as poor Richard says, 'for our whistle.'"—These diplomas, indeed, have been procured, for the most part, by men who have been afflicted with that degree of poverty for which there is no better remedy, according to *their own peculiar creed*, than quackery or villany, or blowing their brains out. We can conceive a character like the half-starved Apothecary in Romeo and Juliet, making this appeal to a ruinous Scotch Faculty, or other superfluous DUB-SHOP:—

"Dear holy Cantwell, for a moment wait,
While I describe my wretched fallen state;
'My shop is shut,' wherein we served the Lord,
And oft sheep's head alone adorns my board,
While I'm become the meagre pantaloon,
A shadow frights me, and I bay the moon.
Forlorn, a wanderer thro' the fields I roam,
The sky's my covering, and the world my home;
One empty box my mouldy shelves display;
My parrot's dead; my cat has run away;
My horse half-famish'd, and my dog forlorn,
Seem o'er my direful miseries to mourn."

Among our most notorious Astutes, Quacks, Curemongers, and Cylindricals, shame to say, some are REGULAR GRADUATES of Universities! The mass of them, however, are Aberdeen's and St. Andrew's DUB-STAMPED doctors, or of that serviceable but *heterogeneous* body called "GENERAL PRACTITIONERS," and a very large proportion mere Druggists, or men without any professional education whatever, who, as already described in our Sketch of the "COUNTER-DRUGGIST SURGEON," have usurped the multifarious callings of surgeons, apothecaries, men-midwives, and oculists.—Till 1830-1, the REGULAR PROFESSION, as Dr. Harrison observed in the Correspondence of the Soho Square Society, "had no defence against the pretensions of any half-bred surgeon," "whom," as Churchill says, "men doctors call, or any superannuated and half-fatuous apothecary, who had the conceit or effrontery to usurp the name and office of a physician, by virtue of a bit of parchment conveyed by post;" and thus our commonest practisers became doctors by brevet, "like the horse, which," says Beddoes, "was created Consul, or a long-eared animal still less adapted by nature for bearing the trappings of dignity." It was about this time that the 'Royal Commission of Inquiry' was sent to Scotland, at the eleventh hour, to overhaul those Augean stables, the Scotch Universities. This body was

composed too much after that deadly principle of corruption, political and party interest, influence, and intrigue, which, for more than the last half century, has struck at the very root of English public morals, and the country's prosperity. Even the 'Quarterly Review' admitted that this Commission "did not contain one man of science!" To the best of our recollection it was appointed by the Wellington and Peel administration. Little, we wot, was expected, and little enough was done beyond some "bit-by-bit" and "Moderate Reform." By this time the Aberdeen and St. Andrew's Dub-Stamps, entitling swarms of men to commit empiricide, in the same manner as common game certificates legalize perdricide, smelt more about than even "Auld Reekie" herself, after the nocturnal worship of the goddess Cloacina. These two diploma-shops, not before it was full time that something should be done, were stripped of their "certificating, per post," privilege, and perhaps compelled, by the usual euthanasia of a mouldered corporation, to

"Turn Beef to Bannocks,
Cauliflower to Kaal."

Until recently, England has vied for respectability in *this* respect with Sicily, where ambassadors and others confer physician's diplomas, who have never attended a lecture, and scarcely know the meaning of the title. We knew an ignorant and dissipated Sicilian youth, at Paris, named Bonfiglio, who came there to study as "Doctor in spite of himself," with the diploma of an M.D., granted to him by one of the ambassadors in Sicily, previously to his adventuring in the medical profession. Being exonerated from all exertion and examination, he wasted his time in intrigue and idleness.—In the vast catalogue of medical abuses, the dispensations of the ancient Popes for assassination were not half so heinous as the certificates of St. Andrew's, Aberdeen, and Leyden formerly. But though our *highly moral* aristocracy were by no means averse to the licensing of any number of homicides and empiricides, they actually stipulated, with special good care, that these diplomas should not qualify the Dubs to "kill game" (!) but left the game of manslaughter to stand as it might chance!! The preservation of the "Feræ Naturæ" and man, were, in their eyes, two very different considerations.—After the Reform Act had passed, the old "Dundas" or "Melville" close municipality was weeded out, and the absurd system of HEREDITARY PROFESSORSHIPS!! so injurious to the interests of the Edinburgh University School and Faculty of Medicine, and so strongly and openly deprecated, through the press, by Dr. Beddoes, Professor Joseph Frank, of Vienna, and others, was at last put an end to. When Professor Monroe, TERTIUS, in 1830, after the capping day was over in August, stopped at the Inn at Carlisle, on his way to Cheltenham, and heard, after the Revolution of the Three Days, that Lord Grey and the Whigs had come in pledged to reform, retrenchment, and economy, his colour changed, and iron tears almost traced down the brazen cheeks of Pluto! But we hear, that after some droll transactions, he is willing to retire from the chair of Anatomy, if they will elect "Young Jamie," who is also "Quartus," in his place. When he is elected, he may consent to have all our teeth extracted.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
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INJURIES OF THE HEAD (CONTINUED).—HERNIA CEREBRI.—COMPRESSION OF THE BRAIN; CAUSES, TREATMENT, AND SYMPTOMS.—CONCUSSION; SYMPTOMS, CAUSES, AND TREATMENT.

Hernia Cerebri.—In many instances of this kind, the circumstances to which I have already alluded take place some few days after the accident; and it often happens, where the patient has been going on favourably for some time, that the dura mater, at some point, turns of a dark colour, seems to pass into something like a state of sloughing, and that a bleeding prominence arises from its surface, gradually increasing, till, in the first place, it fills up the vacuity that has been produced in the bone, and then rises to a considerable height above it. The mass which thus arises is soft, generally bleeding in some degree from its surface, having coagulæ of blood forming around it; it is sometimes called *hernia cerebri*, and sometimes *fungus cerebri*, an occurrence which I have mentioned to you as taking place in most of the cases in this hospital where the trephine has been employed, and the patient has lived long enough to admit of its production. This growth is, in point of fact, what its name implies—a hernial tumour of the brain protruding through the opening in the skull, which it first completely fills up, and then begins to experience pressure from the hard edges of the bone. At this time, if not before, symptoms of a serious nature arise; the patient becomes comatose and insensible, either immediately or after previous symptoms of excitement. If pressure be made on the tumour with a view to restrain its progress, insensibility will very often be produced; for the same effect ensues, as if compression were made on the brain itself from other causes. If you cut off this protrusion, you find that it is, in fact, a part of the substance of the brain pressing out through the opening in the skull. It generally happens under these circumstances that the patient is lost, but death is not invariably the result. For instance, the protrusion, in some cases, does not increase; it becomes stationary; perhaps it shrinks a little; then the surface loses the bleeding appearance, and assumes a dirty-brown colour, giving issue to a fetid discharge, appearing to be sloughing of the substance of the brain. This seems to be the mode in which this portion of the substance of the brain loses its vitality, and goes into the state of gangrene, assuming a softish texture. The dirty-brownish and softish texture cracks, gradually loosens and separates, and then red granulations spring up from the cerebral substance beneath. These granulations unite with those that spring from the margin of the integuments and surrounding soft parts of the wound, and then the part heals up like an ulcer in any other situation. In the eighth volume of the Medico-Chirurgical Transactions, I think, an interesting paper on this subject by Mr. Stanley is to be found; and I may relate a favourable case which was under my own care in this hospital, where I had occasion, in consequence of a wound of the head, to take away a considerable portion of bone which was separated; the piece was from the side of the head, and about two inches long by one inch in width. This was followed by a large protrusion of the kind I have just mentioned. After some days, and when it had attained about the size of a hen's egg, the protrusion was removed to a level with the surface of the bone, and found to be a mass of cerebral substance; compresses were then placed on the brain, and by means of bandages, compression was made as firmly as the feelings of the patient would admit. The process

I have just mentioned took place. The protrusion was not reproduced, the surface assumed that dirtyish gray or brownish colour, with a discharge of a very fetid odour, which I have stated to be the particular characteristic of gangrene of the brain, and as that separated the granulating processes took place. During the whole of this process, however, pressure by means of compress and bandage was carefully kept up. It appears to me, as Mr. Stanley judiciously remarks in his case, that where a portion of the dura mater is denuded, either in consequence of a wound, or the removal of a portion of the bone, that it might be expedient to produce upon the surface of this denuded dura mater as much pressure by means of compress and bandage as would replace the support which the parts formerly received from the cranium; and to prevent the protrusion of the brain, it would be well to keep up this pressure during the whole of the treatment.—I must observe to you that the removal of the fungus cerebri, and the employment of pressure, will not succeed in all instances; there are cases in which it fails; and there are cases in which, as I have already stated, the protrusion seems to come to an end, and parts of the protruded portion shrink and drop off, where pressure perhaps has not been employed at all.

COMPRESSION.

I mentioned to you, that after accidents occurring to the head, symptoms arose under certain circumstances, which indicate pressure on the brain; those symptoms are called by surgeons, symptoms of *compression*. It is not always easy to say in a particular case, whether they are symptoms of compression, because we do not always know what is the cause by which they are produced. Various injuries may occur to the parts contained within the cavity of the skull, that are not within the reach of our observations. In speaking of compression, therefore, we mean to say that the symptoms are of that nature which are ordinarily found to arise from pressure on the brain. You have an opportunity of observing compression in its most genuine state in sanguineous apoplexy, where vessels give way, and a large quantity of blood is effused on the brain, and where you have symptoms which cannot be ascribed to any other cause but pressure. In a case of sanguineous apoplexy, then, we find the patient immediately deprived of all sensation and voluntary motion; he loses entirely all power over the voluntary muscles, falls to the ground, and remains altogether senseless. The retina is perfectly insensible; and if you open the eye, or present the flame of a candle to it, no perception of light takes place; the pupil is dilated, and the iris motionless; the voluntary muscles are relaxed, the limbs remain in any position in which you may place them; the muscular coat of the bladder generally loses its power, so that the patient does not void his urine; and the sphincter ani, which should retain the contents of the rectum, losing its power also, the faeces pass away involuntarily. The powers of sensation and voluntary motion then are completely suspended—entirely stopped, but the automatic movements go on; the circulation is continued; the pulse is rendered slower than natural, but still it beats; respiration continues, though more slowly than natural; it is performed laboriously, with a degree of difficulty, and in that particular manner which is usually called *stertorous breathing*, a noise being made by the passage of the air through the nose and larynx; the expulsion, if the apoplectic attack be very serious, generally puffs out the lips and cheeks; it elevates the lips and cheeks in passing out, the voluntary muscles having lost their energy; this is usually deemed a very unfavourable sign. Such then are the symptoms that are produced by pressure on the brain, when it is a consequence of injury to the head.—*Causes*: Such pressure may be produced by a fracture of the skull, with depression, or by effusion of blood within the cavity of the cranium, in consequence of injury, or by the introduction into the cavity of the skull of those extraneous substances, such as gun and pistol shots, which I have already mentioned.—*Treatment*: The first object of treatment in a case of this kind, is to remove the cause when within the reach.

Thus if there be a considerable depression of the cranium, we should elevate the depressed portion of bone; if there be an effusion of blood in any situation that we can reach, we should endeavour to remove it. But here our power of rendering assistance is much more limited than in the case of fracture or injuries occurring elsewhere. Blood may be effused in consequence of injury to the head, either on the external surface of the dura mater, between that and the skull, or on the internal surface of the dura mater; that is, it may be effused from some of the vessels which run along the membrane immediately covering the brain, or it may be effused into the texture of some part of the brain itself. Now, we are able to render very little help indeed, in any, except the first of these cases, that is, where the blood is effused between the skull and the dura mater. The vessels that pass between the dura mater and the skull are so small, that in general the detachment of the one from the other is attended with a very trifling effusion of blood from the surface of the membrane,—not sufficient to produce serious symptoms. The only part of the head in which effusion of blood can take place on the external surface of the membrane in sufficient quantity to produce serious symptoms, is towards the lower and anterior part of the parietal bone, where the spinous artery runs in a deep bony groove external to the dura mater. The fracture, then, may be so situated, that this artery may be torn across, and under these circumstances, an effusion of blood to the extent of some ounces, may take place between the external surface of the dura mater and the skull.—In the case of fracture, therefore, extending into a part of the skull when symptoms of pressure on the brain are present, we might probably give relief by making an opening that would permit of our getting rid of the effused blood.—When blood is effused between the dura mater and the surface of the brain, it is not collected into one spot, but is diffused over the surface of the brain generally, and thus we cannot get at it. When blood is effused on the external surface of the dura mater, it is collected in one spot, because it is confined by adhesions between the dura mater and the skull; but when effused *within* the cavity on the internal side of the dura mater, there is nothing to limit its extension, so that it diffuses itself generally over the brain. I believe we may say, therefore, as a general rule, that if we make a perforation through the skull, in expectation of letting out blood that may be effused under it, and find none, but that the skull adheres in the natural way to the dura mater, we shall do no good by opening the dura mater, in expectation of letting out blood that may be supposed to be under it. Of course we have no power of relieving the patient from the symptoms produced by blood extravasated into the substance of the brain, because we cannot know that the occurrence has taken place.—Thus in the majority of cases of compression from fracture, we are reduced to the employment of the same means that are adopted in sanguineous apoplexy; that is, we bleed the patient to stop the bleeding into the brain, and institute a rigorous antiphlogistic treatment in other respects. We thus find that symptoms of compression may be relieved and ultimately removed. There are many cases of sanguineous apoplexy, where patients have completely recovered, and have been examined at some distance of time from the attack, when the evidence of extravasation or effusion of blood into the texture of the brain has still been found, showing that compression even from very large effusions of blood, is not necessarily fatal, but that patients may be conducted through the attack, and be brought almost to a complete state of recovery. So far, therefore, alleviating treatment remains in our power, although we may not be able to raise the bone or evacuate the blood from the interior of the skull.—I should have observed to you respecting *symptoms* of compression, that these differ according to the circumstances which produce them. When arising from fracture of the bone without effusion, symptoms of compression will show themselves immediately; but if produced by effusion, the symptoms do not take place immediately, or only show themselves in a slight degree. Effusion, however, proceeds, but it is not until a considerable

quantity has collected, that strong symptoms of compression show themselves. Suppose, accordingly, that a patient has been stunned by an injury to the head, that he recovers from the stun, that symptoms of compression show themselves afterwards, and gradually increase, there is, then, reasonable ground for supposing the symptoms to arise from effusion of blood. At the same time we have no means of judging in what part the effusion has occurred; that must be judged of from other circumstances.

CONCUSSION.

There is another kind of injury which takes place in consequence of other accidents of the head, and which is called *concussion of the brain*. The name seems to imply that this injury consists of a shock or vibration of the substance of the brain. It is called by the French *commotion*—commotion of the brain. Now, by a concussion of the brain, we do not mean contusion; we do not mean any actual violence offered to the cerebral substance, which we can ascertain by dissection; we do not mean the effect produced by a depressed portion of bone, or those various circumstances caused by depression which I have already mentioned. What, then, is the meaning of concussion? Why, we are unable to say, precisely, what is the effect produced on the cerebral mass. In some instances we find, on examining patients after death, that there is an appearance of bruising in the brain, occurring apparently at a considerable distance from the infliction of the injury. It seems, sometimes, as if certain small blood-vessels have given way, and you have little spots of blood; this is generally, but not always, observed. There are cases in which symptoms of concussion exist to a considerable degree, where we can find no visible injury to the cerebral texture. The phenomena of counter-fracture show, that the skull may throughout be thrown into a state of vibration, and that a certain effect may be propagated from one part to another with such effect as to produce fracture. Now, inasmuch as the contents of the skull completely fill up its cavity, it is not unlikely that an injury may be caused to the brain in the same manner. But this is only hypothetical, for we really do not know in what the accident consists.—The effect of concussion is similar to that of compression of the brain; but it is not so great in degree. We cannot use these two words as indicating opposite states or opposite effects; they rather indicate difference in the degree of the effect in similar cases. The powers of sensation and voluntary motion are considerably impaired in concussion, but they are not so completely interrupted or suspended as in the case of compression. There are also differences to be observed in the state of the brain.—*Symptoms*: The first effect of concussion consists in what persons in common language call *stunning*. A person for the moment loses his senses, and is incapable of motion. This effect may be only temporary, or it may last a few minutes, the patient then recovering completely; or it may be continued for some hours. If continued, we soon find that, in addition to the interruption of sensation and voluntary motion, the patient becomes cold, the circulation feeble, the pulse small and slow, and that great depression is produced. These are the primary or immediate effects of the injury, which we technically call concussion. After a short time the circulation recovers, and the warmth of the surface is restored; the patient no longer evinces that complete insensibility and impaired power which were before manifest, though he still remains in a comatose state—in a kind of sleep, in which ordinary impressions on the external senses produce no effect; but if you speak very loudly, pinch the skin, move the patient roughly, or do anything to arouse him, you obtain sufficient evidence that he is not in a state of natural insensibility. If you speak loudly, he will perhaps rouse up his head, or attempt to answer, or move, or give some proof that an effect has been produced. If you pinch or touch him, he will draw away the limb which you touch, showing that he possesses the power of motion; yet if you leave him alone, he remains much like a person in a deep sleep. The senses are not affected by the ordinary degree of excitement; the powers of attention and perception seem to be gone for the time; there is an

incoherence of ideas. If you put a question to the patient after rousing him, he will perhaps answer vaguely or incoherently. Sometimes he will speak without being spoken to. You may find him talking in a low muttering whisper, as if he were labouring under delirium. Such is the state as regards the nervous system and the muscular powers.—I should observe, that in cases of very serious concussion, the urine and the feces are sometimes voided involuntarily. In the most serious cases of concussion, the same effect may be produced as in a case of very serious compression; there may be an entire suspension of sensation and voluntary motion, an entire abolition indeed of the influence of the sensorium; not only of the power of volition and motion, but of respiration, so that sudden death may be produced simply by concussion, which shows you that, in point of fact, concussion and compression are very nearly allied to each other. Just as by a very violent pressure of blood produced by rupture of a large vessel in a case of apoplexy, a person may fall down suddenly dead, so a very violent blow on the head may produce death by concussion, although you may be unable, on examining the brain after death, to find any visible lesion of it.—The circulation is sometimes affected in concussion; the pulse is more feeble—often intermittent; respiration is carried on nearly naturally; the patient lies perhaps as a person asleep. I have mentioned that the external senses, although by no means so active as in the natural state, are not entirely suspended in concussion. The retina is sensible; if you open the eye the patient will draw away the head from the light; the pupil is contracted, not dilated as in apoplexy; very commonly sickness takes place soon after the accident, and the stomach rejects its contents.—Now, in a case of concussion the patient does not always remain exactly in the same state. Ordinarily you will find him at rest,—in this kind of sleep,—in this comatose condition; there are some periods of restlessness, periods of agitation, periods of pretty active delirium; and these alternate with the state of insensibility. If you select, then, a well-marked case of each of the two kinds, a case of compression and one of concussion, you will perceive an obvious distinction between them. There are uniform and permanent insensibility and defective power of motion in compression; but in concussion you never have complete insensibility, nor have you the uniform state which is observed in compression; but you have a state of insensibility alternating with restlessness; a more generally active disturbance. In compression you have the absolute insensibility of the retina, and dilated pupil; in concussion you have pretty clear evidence that the retina is in an active state, and you find the pupil contracted. You have not the stertorous breathing of compression, in a case of concussion; on the contrary, the respiration is nearly natural, and although the patient may for the greater period of time lie quiet, and use no voluntary powers, you have sufficient evidence when a stimulus is applied that the empire of the will over the muscles continues. The phenomena of each of these states are sometimes mixed together, and there are numerous instances in which you would be at a loss to say whether the symptoms should be referred to compression or concussion. Indeed, when we come to examine cases after death we sometimes find that in instances in which we should have called the symptoms those of concussion, pressure existed on the brain. I have already mentioned to you that concussion, when carried to a very serious extent, produces the same effect as very serious pressure; you are, therefore, merely to employ these two words as convenient terms for designating the characters of different cases, and not with a view to indicate essentially different states of the brain.

Causes.—Concussion is produced in consequence of mechanical injury to the head; blows, whether they be attended with fracture or not, will produce concussion. In many cases the symptoms of concussion come on where there is neither fracture nor wound. It has been said that symptoms of concussion are sometimes produced in consequence of injuries to the lower part of the vertebral column, of falls on the nates or the sacrum, but I never saw an example of this kind myself.—After

a certain time inflammation of the membranes of the brain will very frequently come on in those patients who have exhibited the phenomena of concussion, and then the case becomes one of inflammation of these membranes; in other cases the symptoms of concussion may last for several days or several weeks, and then gradually and slowly subside, the patient regaining full power over the sentient nerves. The state of insensibility in cases of concussion lasts sometimes, however, for several weeks. I have seen a patient lying nearly in the state I have described to you, for six, seven, or eight weeks, and then recover. Frequently, however, the recovery is partial. You may suppose that, when in consequence of mechanical injury the serious symptoms I have just described are produced, it will not be unlikely for some permanent effect to remain.

Hemiplegia is sometimes produced: the loss of some sense, that of vision, or of smelling, may take place; sometimes the mental faculties are impaired, particularly that of memory. In a great many cases we find the loss of memory following these accidents. Then some paralytic attack or some impaired mental faculty, or impaired vision, will frequently follow; but these attacks are only temporary; that is hemiplegia or partial paralysis may last for a certain time, and then be slowly recovered from.

Treatment.—The first thing you have to do with a patient who labours under symptoms of concussion (I speak now of the symptoms which are observed at the commencement, the primary symptoms), is to put him into bed, to cover him warmly, and leave him quietly there until he recovers from the stunning and depressed state of circulation that accompany the condition. When you find a patient with a pulse small and feeble, and with the surface of the body cold, you would not think of doing anything that might depress the physical powers; you would not think of bleeding him. Indeed, the condition is one in which bleeding would be so manifestly improper, that many persons have ordered a directly opposite plan of treatment, have directed the exhibition of stimuli; wine, brandy, ammonia. I cannot at all agree with those who recommend that course of proceeding. The state of depression is temporary; it will pass off in a short time, is followed by a reaction, and in proportion as the circulation has been depressed, so will be the violence of the reaction. If you were to give wine or stimuli during the depression of the system, you would, of course, increase the force of reaction when the patient rallied. I would not say that you are not, under any circumstances, to treat the patient at this particular juncture on that principle. The depression might be so serious as to endanger the life of the patient, then the administration of a little warm wine and water, perhaps, or of any warm fluid, might be resorted to with advantage. But this you would give because you think the patient in immediate danger, not because you believe it to be the general and proper principle of treatment. Ordinarily, then, you just leave the patient quietly in bed, warmly covered over until the circulation has recovered, and reaction come on, and then adopt the antiphlogistic treatment which I have directed.—In a serious injury of this kind, affecting the most important organ of the body—the brain, the danger of inflammation is very serious; you would, therefore, unless some particular circumstance forbid it, make one good, large bleeding, administer active aperients so as to clear the alimentary canal, have the head shaved and apply cold to it, and keep the patient quiet, avoiding all external causes of excitement. You would then adopt further measures of this kind, according to the necessities of the case. After having once bled the patient largely, you will probably not find it necessary to have recourse to very copious detraction of blood afterwards; moderate bleeding from the arm, cupping from the neck, or leeches to the head, will probably answer the purpose. In these measures of depletion you will be guided not by the state of the sensorium, for this will probably remain; but by the state of the pulse and head, by the flushed face and other symptoms showing determination of blood to the head. The state of partial insensibility is one that you cannot remove

by bleeding or any other treatment; it will last for a certain length of time; you do not bleed, therefore, for the purpose of putting a stop to that. If the circulation were not at all disturbed, if there were no evidence of increased circulation either of the head or the pulse, it might not be necessary to bleed at all; you would not bleed merely for the purpose of putting a stop to the comatose state which characterises concussion; indeed, persons are apt in consequence of seeing patients continue in this state for a certain length of time, to carry the antiphlogistic treatment too far, rather than otherwise, particularly with respect to the quantity of blood to be taken; by persisting in the abstraction of which you may certainly do mischief, as of itself, independently of any affection of the head, it produces a condition of the head which is attended with pain and some other symptoms accompanying those that take place upon the reaction. It is necessary, therefore, to attend to the pulse and the general state of the patient in order to avoid this error; and by carrying on this treatment steadily, and according to the exigencies of the case, you will conduct the patient safely through the dangers of concussion, accomplishing every thing that can tend to his recovery.—There is a question respecting the employment of blisters in this condition. Now, as long as general excitement remains about the head, I think the application of blisters is not advisable. In the more protracted periods of these cases we sometimes arrive at a point at which we are doubtful whether we should continue bloodletting or not; it is a question whether we should cup, bleed from the arm, or leech. We shall often find under these doubtful circumstances advantage in blistering or counter-irritation, in place of direct depletion. It is in the advanced stage that the application of blisters becomes advisable. There are one or two circumstances, however, to which I have still to advert. I have mentioned a certain collection of symptoms indicating *compression*, or *pressure*, of the brain, according to the ordinary mode of considering them; and another set as indicative of *concussion*, or injury of the brain consequent on violence, and where we have no extravasation of blood, nor any of those circumstances that produce compression. Now, all the phenomena that follow injuries of the head are not exactly to be referred to these two heads. An injury of the head is sometimes followed by a degree of disturbance which is hardly distinguishable from a state of *delirium*. The symptoms which constitute this will come on very quickly after the accident, so that the delirium is not, in this case, referable to a disturbed circulation in the brain, for time has not been allowed for such a disturbance to commence; it cannot be accounted for in the same manner as delirium in fever—by disturbance of the circulation within the head. I saw a case of this kind some time ago; a young girl, nineteen years of age, of a very full habit, who lived in one of the paved courts in the city, was occupied in the evening in carrying indoors some of those articles in which her father dealt that were standing outside of the house. A young man, who lived in the neighbourhood, came behind her and lifted her up, as if he would throw her on to his shoulder; she was a good deal alarmed, and gave a sudden spring, which, coinciding with his effort and intention to lift her up, carried her completely over his shoulder, and pitched her on the top of her head on the paved court. She fell, therefore, with her whole weight upon the top of her head, and the fall was so violent that it cut through a beaver bonnet which she had on. She was taken up perfectly stunned, motionless, and senseless, and in this condition she remained for somewhat less than ten minutes. Immediately on recovery a state of high delirium ensued; she screamed, moaned excessively, and threw about her body and limbs in so violent a manner that it required several persons to hold her. The gentleman who saw her, found it necessary to take blood from the arm immediately, and again in the course of the night, at various times. With a good deal of difficulty, in consequence of the violent motion of her limbs, he abstracted about sixty ounces, and contrived towards the morning to apply some leeches about the head, by which means the disturbance was in some degree

calmed. But when I saw her about the middle of the next day she still remained in a delirious state, and the agitation of the body and limbs was super-added to that state of the sensorium which characterises delirium. It was necessary then, although blood had been so freely evacuated, to repeat the depletion; and as her bowels had not been relieved, a small quantity of croton oil was administered, her stomach having rejected other medicines. Three actions of the bowels followed, and calmed her, though the delirious state was by no means removed; it occurred at various intervals. For a fortnight she was at times nearly insensible, awaking from that state, and passing into a state of delirium and agitation of the limbs which I have mentioned. Sometimes she would go on talking in a childish way, with apparently a vivid recollection of long-past events, particularly of circumstances attending her childhood. She did not completely recover from this state till the expiration of nearly a month, at the end of which time she went into the country. This patient was very freely evacuated; blood was taken repeatedly from the arm; cold was applied to the head; aperient medicines were administered; she was put upon low diet; and the antiphlogistic treatment was enforced to a considerable extent. Eventually she completely recovered. Now, in this case, there was no external wound.

CORRESPONDENCE.

EIGHTEEN-PENNY VACCINATION.

To the Editor of the 'Medical Times.'

SIR,—I beg leave to inform you, that of the thirty-three general practitioners residing within the Brentford Union, twenty-seven have signed a declaration, which has been forwarded to the guardians, refusing to vaccinate at eighteen-pence per case, but offering to do the duty at half-a-crown. The remaining six, although by various causes prevented from signing, are virtually pledged not to accede to the present terms of the commissioners.—I am, Sir, your very obedient servant,

FRAS. A. B. BONNEY.

Brentford, October 14th, 1840.

TECHNICAL TALK HUMBAG.

To the Editor of the 'Medical Times.'

SIR,—I beg leave to call your attention and that of your readers, to a species of coxcombry, or I might almost say, quackery, which is indulged in by some of the junior practitioners of the present day, and as your pages are always open to the exposure of what is commonly called "humbag" of every kind, to make a few remarks upon it. The "humbag" to which I allude, is the adoption of an indiscriminate use of medical technicalities and nomenclature to non-professional persons. I have met lately with one or two who so completely interlard their discourse with these terms, as to be perfectly unintelligible to the patient and his friends. In a few instances this style of language may possibly have the effect of inducing persons to suppose the medical man must be very clever; indeed, with a few weak people, the more obscure the meaning, the more learned they think it; but in a vast majority of cases, the gentleman so aiming at effect, is considered either as a very vain and superficial practitioner, or as supposing the persons he is addressing to be exceedingly silly and extremely gullible. I, myself, think it right in all cases where you meet with sensible people, that a professional man should be as plain and intelligible in his explanation of the symptoms, &c., as possible, never running away with the idea that he is adding to his own importance by uttering technicalities, which no one, out of the profession, can understand; and though, as I before said, in a few isolated instances, it may have the intended effect among foolish and frivolous persons, in almost every case the gentleman stands a remarkably good chance of being set down as a "humbag." I have known many occasions in which these "technical men" have been under the imputation of endeavouring to "out-jockey" their professional brethren by means of their high sounding phrases, but I have rarely found their puppyisms succeed for any length of time. Let me then advise those who perhaps unconsciously

have laid themselves open to these remarks, to relinquish a practice which can never elevate either themselves or their profession; and if there be any who are really actuated by a desire to raise themselves at the expense of their neighbours, let them be assured their conduct will cause them to be shunned by all haters of trickery and humbug, whether in or out of the profession.—I am, Sir, your constant subscriber,

"ONE OF THE OLD SCHOOL."

MEDICAL WITNESSES.

To the Editor of the 'Medical Times.'

SIR,—Reperusing in your Journal of the 19th Sept., an Act, intitled "An Act to provide for the attendance and remuneration of Medical Witnesses at Coroners' Inquests," I find, that after having stated, "Whereas it is expedient to provide for the attendance of medical witnesses at Coroners' Inquests, also remuneration for such attendance, and for the performance of post-mortem examinations at such Inquests, &c., &c.," it goes on to the second clause to say, "And be it further enacted, that whenever it shall appear to the greater number of the Jurymen sitting at the Coroners' Inquest; that the cause of death has not been satisfactorily explained by the evidence of the medical practitioner or other witness or witnesses, who may be examined in the first instance, such greater number of the Jurymen are hereby authorized and empowered to name to the Coroner in writing any other legally qualified medical practitioner, &c., &c.," clearly indicating thereby that it is intended by the Act, that a legally qualified practitioner should be present at every Coroners' Inquest; but now, when a person dies suddenly, it is not thought proper by the coroner that a medical man should be summoned to make a post-mortem examination of the body, not even that he should be called upon to give any evidence as to the probable cause of the death. Several cases of this kind have lately fallen under my observation, one of which occurred not many days ago at S—; the particulars are these:—A gentleman having been employed the whole day away from home, came home at night apparently as well as usual; whilst taking his tea, however, he complained to his wife that he did not feel quite well, and requested that the tea-things might be carried away, and his pipe brought (he being in the constant habit of smoking immediately after tea); he had however scarcely lit it, before he fell back in his chair, and expired immediately. A medical man was sent for, but arrived too late to be of any service. Objections were at first raised by some parties to having an inquest at all, persisting that it was not a case which required one. The coroner however was sent for, and the jury summoned, but it was not deemed necessary that a post-mortem examination of the body should be made, nor was it even thought expedient that the medical man who was summoned to the deceased should be called upon to give any evidence, but a non-medical coroner listens to the verdict of a body of illiterate men. This, Sir, I submit to you, is not as it should be. If you take the same view of the matter, I have no doubt that the powerful influence of your pen will be exerted to remedy so crying an evil.—I am, Sir, yours, very respectfully,

A CONSTANT READER.

MEDICAL APPRENTICES.

To the Editor of the 'Medical Times.'

MR. EDITOR,—Knowing you to be a generous and high-minded gentleman, I confidently anticipate your insertion of the subjoined remarks, if you think they will in anywise tend to effect the removal of *but one* of the grievances of a respectable and useful class in the profession with which we are mutually connected. I allude to the junior members of the medical profession, vulgarly denominated *apprentices* by people unable to discern the difference between young men bound to mechanics and others, for the purpose of learning trades, and liberally educated youths article to professional men. To reveal, without further expordium, my immediate object in troubling you, I will at once state the *notorious* fact, that surgeons' wives and their husbands' pupils, in seven cases out of ten, live upon unfriendly terms. If the

husband has the misfortune to be "henpecked," a disagreeable state of things *almost invariably* exists. The Doctor's lady too frequently forgets that the pupil is an inmate of her house, wholly and solely for the purpose of learning his profession; if set right on this point, she would not perhaps be continually asking the pupil to execute trifling commissions, which properly come exclusively within the province of servants. Many young men acutely feel the awkwardness and unpleasantness of their position, but at the same time they do not like to refuse to go on unimportant errands, or to receive at the house-door vegetables, grocery, poultry, and matter of every kind, both animate and inanimate. They are perfectly well aware that when so employed, they are performing no part of their duty. Why should the sons of officers in the army and navy, of clergymen, attorneys, and of other individuals moving in good society, be subjected to the unnecessary annoyance of performing the office of menials? The lady of the house should in no case exact from her equal by birth and education the attention of a servant. Instances could be given of surgeons' wives expecting, aye, and of their constantly receiving civilities from a pupil, without having the good sense or good feeling to acknowledge the same, even in the most distant manner. The stipulation generally made that the pupil shall be treated as one of the family, is, I am afraid, seldom thought of after the first probationary month. Gentlemen on placing their sons in the medical profession, would act prudently in requiring a written specification of the services expected from the pupil, and also a precise knowledge of the terms upon which he is to live with the principal and his family. The verbal promises and the indefinite nature of the agreements made upon such occasions, are but too often sources pregnant with forthcoming dissension and unavailing regret. As I suspect that long communications must always incommode, I refrain from trespassing at greater length upon your well-filled columns, and therefore beg leave to subscribe myself very respectfully yours,

MATHETES.

NEW TERMS IN MEDICINE.—Another topic to which I feel it my duty to advert, is the remarkable fondness for the introduction of new terms in every department of medical science. Without for a moment questioning the propriety of abandoning those which manifestly involve an error, there were many free from any objection of this kind, because, purely arbitrary, and it would have been safer and perhaps better to retain them than to adopt others founded on scientific discoveries, in some cases questionable and liable, like their predecessors, to be reversed. Those who have witnessed with sufficient attention the repeated alterations which have occurred in our own times, will smile at the confidence now expressed in the immutable character of the technology of the day. A change of terms must be a positive good or a great evil. Amid the multiplicity of matters which engross our attention, it is very possible that confusion may arise, for we have the difficult task of unlearning what it has cost us some pains to acquire, and of learning that which is liable to be indistinctly impressed on our minds, just as one sign painted over another is often imperfectly portrayed. If new terms however are to be introduced, it would be well if they were checked by some competent authority, and not be thrown out the unlimited issue of individual speculation. For this evil I see no remedy at present, except in the general jealousy of the profession, but that ought to be exercised to keep the prevailing spirit within moderate bounds.—*Mr. James's Address to the Prov. Med. Association.*

GLOUCESTER.—The Gloucester meeting to form a "Provincial Association of Medical Practitioners," turned out, we suspect, a failure. How was this?

YOUNG SURGEON ON SHIPBOARD.—CHAP. III.

By A. GRANT, M.R.C.S., &c.

AFTER leaving the English Channel, every day brought us into a warmer climate, and by the month of April, the thermometer had undergone a rise of 25°. Common catarrh now became very prevalent. This is a frequent occurrence in high latitudes, and is often the predisposing or exciting cause of many grave diseases. Their origin is easily accounted for—men at work perspire very freely, the whole cutaneous surface becomes relaxed, and highly susceptible to the impressions of cold. In this state, fatigued by labour and the oppressive heat, a man throws himself down upon his trunk, in the draught of a strong current of air from an open port; the body is rapidly cooled, and the blood thrown upon the internal organs, the congested state of which is marked by the cold fit that succeeds such impression. In most cases, the result is a severe catarrh, the means by which nature relieves the loaded viscera—at times this vicarious action originates in the intestinal mucous membrane, and a diarrhoea is the consequence. In the treatment of such cases, it is best to assist the efforts of nature, and not to check them. In the catarrhal affection, you may at once give an emetic, and follow this by some mild expectorant and diaphoretic. I have found the following pills answer well, and kept always a supply of them made up:—

R. Ext. Colocynth c. grs. xxiv.
Pil. Scillæ comp.
Pulv. Ipecacuan. a.a. grs. xii.
Gum. Opii—grs. vi.

M. et divide in pil. xii. Sumat 1 ter quaterne in die.

Order the patient to wear flannel, to abstain from ardent spirits, and to live chiefly on diluents. For the diarrhoea, give a dose of castor oil, with a few drops of laudanum, and if the disease seems disposed to continue, and there be much tenesmus, prescribe an opiate at bedtime. The only means of guarding against these attacks is to wear flannels; no person ought to be without them in a tropical climate, for by absorbing the perspiration, they effectually prevent the occurrence of a chill upon any incautious exposure of the body. I have frequently had occasion to observe, that those seamen who wore the common blue flannel shirts, were far more exempt from diseases depending upon sudden changes of temperature, than those who wore canvass frocks.

Cases of syphilis and gonorrhoea now began to present themselves, but I shall refer the few observations which I have to make upon these until another occasion. Cases of excoriation, and of prickly heat, were rather common. These excoriations occur in the armpits, more frequently about the groin, involving the scrotum, and causing great irritation. The most effectual applications are a weak solution of the nitrate of silver, or of the sulphate of zinc. In the groin, apply dry lint to absorb the moisture, and make the patient wear a suspending bag truss. Medicine can afford little relief for the prickly heat. The itching in this complaint, is at times almost insufferable, particularly in those who have never previously been in a tropical climate. Give a saline purge occasionally, and enjoin patience and abstinence. The disease arises from the heat, and the seasoning which the person is undergoing; its cure is coolness, and that is best promoted by the means now mentioned, and by light clothing. During this month there occurred a severe case of convulsions, a case of phthisis pulmonalis, and another of scurvy. The patient attacked with convulsions, was suddenly taken ill while sitting in his mess. He fell

down, and struggled most violently, every muscle in his body was painfully contracted, the features horribly disfigured, the hands clenched, the jaws locked, and the superficial veins of the body swollen, and as tense as cords. Each fit at first lasted about a minute, with an interval of double that time, during which he talked incoherently. They became gradually less severe, and the interval between them more prolonged. A vein was with some difficulty opened in the right arm, and $\frac{3}{4}$ of blood removed. Soon after this he became sensible to his situation, and had only one fit afterwards. In four days he was able to go to his duty, and with the exception of a slight attack while at Calcutta, brought on by excess and exposure, he afterwards continued well. The case of phthisis occurred in the person of one of the servants. He dated the commencement of his illness two years back; he was then in Bengal, and an attack of fever so weakened him, that he was obliged to return to his native country. On the homeward bound passage, he suffered frequent attacks of hemoptysis, and during his stay in Scotland the disease made rapid progress. He was now ill-advised to try the effects of a sea voyage, and clinging to this last hope, he had interest made to get him entered on board ship. When I first saw him, the cough was very distressing, the expectoration muco-purulent, and the emaciation considerable; gradually as the temperature increased, the symptoms became more urgent, and as we neared the equator, it was painful to witness his sufferings. In a highly rarefied atmosphere, and in a close and crowded gundeck, the lungs with a greatly diminished superficies could not circulate the blood, which was thus returned to the heart in an imperfectly oxygenized state; this was the source of a distressing feeling of anxiety, which no medicine could allay. The expectoration became more purulent, tenacious, and at times bloody, and perhaps as much from the weakness of the patient, as from its morbid character, could not be expelled; this excited severe fits of coughing, followed by vomiting, which afforded temporary relief. After again coming into a more temperate climate, he rallied a little, and lingered on till the twenty-first of May. I cannot conceive how any medical man could be justified in recommending change of climate in a case where the evidences of organic lesion were so plain, as in the one under consideration. The blindness to danger which characterizes the phthisical patient, renders him alive to every suggestion that presents the least hope of recovery; still it is cruel in us to indulge his wishes by our assent to a proposal which we know will shorten his days, in addition to our placing him in a situation where he is deprived of the tender solace of friends, and the many fond associations and comforts connected with home, however poor or humble that home may be.

The patient who laboured under the scorbutic affection was advanced in life, and broken down in constitution. The appearances were indeed more those of purpura hemorrhagica than of scurvy, the disease being chiefly confined to the lower extremities, which were swollen, and covered by livid patches, varying from the size of a millet seed to that of a sixpence: small blisters would form, burst, and discharge a sero-sanguineous fluid; the gums were somewhat spongy, and all the secretions disordered. The patient said that he had only lately returned from a long voyage, when he had been similarly affected. The treatment consisted in the change to a fresh meat diet, and attention to the bowels, and other excretions. Small quantities of lime-juice and vinegar were given daily, and afterwards tonics; a bandage and simple dressings were applied to the abraded

surfaces, and rest in the recumbent posture enjoined. In ten days he was able to return to his duty, but his legs soon began again to swell and break out. He was put under a course of Plummer's pill, and an allowance of wine added to his other diet; again he recovered, but after returning to his work, the swelling always appeared. He left the ship at Calcutta, and I learned that he died in the hospital, but of what disease I am not aware. Scurvy is now rarely to be met with amongst merchant seamen. Attention to cleanliness and ventilation—the suet, flour, peas, vegetables, and lime-juice now regularly served out to the men, have put a check to the ravages of this loathsome disease. This was the only case that occurred during the voyage.

Throughout the months of May and June very little sickness prevailed. In the one month, there are in all nineteen entries in my case book, in the other only eight, so that often there was not a single patient upon the list. Although it was the winter season at the Cape, we were fortunate enough to experience no bad weather; the temperature was moderate, and to this may in a great measure be assigned our complete exemption from any of the slightest ailments. The health of the ship's company was becoming established by a course of regular living, and those who had never before been within the tropics, had now undergone that seasoning which during its progress seldom fails to excite more or less derangement in the system.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 10th October, 1840:—

Epidemic, endemic, and contagious diseases	160
Diseases of the brain, nerves, and senses	124
Diseases of the lungs, and other organs of respiration	237
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	54
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	8
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	2
Diseases of uncertain seat	96
Old age, or natural decay	64
Violent deaths	16
Causes not specified	3

Deaths from all causes..... 794

A physician owes a certain respect to every patient, although he may be the meanest beggar or the greatest rogue; herein consists the beautiful difference between the physician and the lawyer. The scum of mankind come to us medical men, not as criminals who deserve to be punished, even although they may have brought their maladies upon themselves, but as supplicants seeking our aid; and if we can relieve them, they regard us as instruments in the hands of the Almighty. Now this respect must be utterly destroyed by seeing a physician with a cigar in his mouth. A patient may accustom himself to much; but he cannot fail to see that no interest, either scientific or human, no sympathy in his sufferings is felt by a man who is probably relighting a cigar, when feeling his pulse, or when looking at his tongue. I do not know whether this practice is ever followed when a physician visits a paying patient.—*Dr. Varrentrapp's Tour.*

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Popular Treatise on the Physiology and Diseases of the Ear, &c. By W. Thornton, M.R.C.S., &c. Pp. 176. Churchill.

's letter came safe to hand, and shall have every attention.

MR. FROGGAT'S numbers shall be sent again.

A YOUNG PRACTITIONER who informs us of irregulars in his district, must look for no assistance from the corporations who have taken his fees. Medical Reform is the only remedy.

MR. JAMES SELKIRK, of Newtonshaw, has sent us some clever and stringent remarks on Mr. Leney's case of "Difficult Labour," for which we regret want of space. We must think however he is rather too severe.

J. S.—We should think it rather a question of private feeling under the peculiar circumstances, than of legal right.

MR. O'BRIEN.—The fault is in the post-office.

W. T.—Cleanliness, a shaved head, and muriatic acid ointment or kreosote, not forgetting the general health.

AUDEO'S letter is extremely well written, but we think if he reconsiders the point, his opinion will be modified.

A CONSTANT READER.—We will inquire into the legal point in the cause of the Apothecaries Company versus Greenough, the druggist, of St. Helens, Lancashire.

A RETAIL DRUGGIST is justified in his complaints. They shall have attention.

TOBACCO SMOKING.—To the Editor of the 'Medical Times.'—The writer would feel greatly favoured by the insertion of the following question in your valuable Journal:—Has tobacco smoking any effect in relaxing the abdominal or crural rings, and thus producing hernia? We know that tobacco injections (in the forms of infusion and smoke), are often used in cases of strangulated hernia, to produce, if possible, relaxation of the stricture, so that the strangulated portion may be returned to its proper place. If any of your numerous and talented correspondents would think it worth while to answer this question, they would greatly oblige your obedient servant—A Pupil at the London Hospital.

DRUGGISTS AND SURGEONS.—We have received the following, which displays a source of ill-feeling between surgeons and druggists:—Manchester, Oct. 19.—To the Editor of the 'Medical Times.'—Sir, I heartily agree with you in your sketch of the counter-druggist surgeons; the evil exists awfully in this place, to the detriment of the afflicted poor, and you deserve their thanks for exposing such systems of imposition and assumption. But in probing this foul conduct on the part of many of my fraternity, I trust to your impartiality not to pass by the injuries which surgeons inflict upon druggists, by such instances as the following:—A lady presented me, a short time ago, a latin prescription of the following:

R. Hyd. Submur. 5j.

Liq. Calcis, ʒviij.

I was about commencing the compounding of it, when the lady told me, "it was Englished on the other side," she only wanted a pennyworth of calomel, she could make the lime-water herself. I have experienced many such annoyances, and I leave the practice with you, to make what remarks you may think proper, and I hope the exposure may tend to lessen the evil.—Yours respectfully, A Retail Druggist.

ERRATA.—In the earlier impressions of our 55th No., some errors passed unnoticed in Mr. Dermott's lecture on Hernia.—1st col., 29th line, instead of 'those muscles,' read 'these muscles'; 35th line, for 'is suddenly disunited,' read 'is suddenly diminished.'—2nd col., 5th line, for 'hernia,' read 'herniæ.'—3rd col., 38th line, for 'superior extremity,' read 'inferior extremity.'—5th col., 8th line, for 'sheath of fascial,' read 'sheet of fascial'; 34th line, for 'spasmodic,' read 'spermatic.'—7th col., 14th line, for 'internal sac,' read 'hernial sac'; 37th line, for 'interior,' read 'internal.'

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THE MEDICAL TIMES.

THE RIVAL REFORM PROJECTS.

It is now more than twelve months since we first raised the cry against the procrastination and duplicity of Mr. Warburton, and by exposing his motives, and examining his conduct, taught the profession what they were to expect as the result of his seven years' incubation. It was not without considerable difficulty that we restrained our pen, and delayed referring to the long-promised "Bill." We did however wait, first, that we might see what the Exeter Hall Society would produce, and partly that the good sense and proper feeling of the profession might be manifested freely, spontaneously, and unequivocally upon a bare reading of the "Bill," without the aid of an analysis to expose and contrast its absurdities, or a "leader" to hasten on the declaration of general disappointment and disgust. We longed, ardently longed, to see the ludicrous twistings and twinings, which we knew must ensue, when the immaculate editor of the *Lancet* found out the mistake he had made in his estimate of the profession, in putting before them such a Medical "Reform" Bill. Our patience has been repaid. Mr. Wakley, the friend and fellow-labourer of Mr. Warburton in the concoction of the Bill, is the first to turn round on his comfrere. Mr. Wakley's name is upon the Bill—Mr. Wakley is one of the three Members of Parliament who brought it before the profession, by introducing it into the House of Commons as a proposed law—and Mr. Wakley first in treachery, and loudest in abuse—denounces the Bill to which he gave the sanction of his name, and labours to prove "the utter inapplicability" and great stupidity of that which he himself proposed to thrust upon the profession. Since this great mistake, Mr. Wakley has given another promise of another

Bill.—This in the fulness of time we may expect to see, but at present may turn to the Exeter Hall Bill, or rather the heads of the project proposed by Dr. Webster:—

"First, That all legally-qualified members of the medical profession, in Great Britain and Ireland, being graduates, members, fellows, or licentiates of any of the existing chartered or otherwise legally-constituted universities, colleges, or corporations established in these realms, shall be constituted into one corporation, college, or faculty of medicine.—Secondly, That the said corporation or faculty of medicine shall consist of three colleges or divisions; one for England and Wales; one for Scotland; and one for Ireland, to be situated in London, Edinburgh, and Dublin.—Thirdly, That the members or fellows of the said corporation or faculty of medicine in each kingdom, duly registered as hereinafter is provided, shall be empowered to elect, from among themselves, from time to time, by ballot, a council or senate, which shall conduct and transact the business of the faculty in the said kingdoms respectively.—Fourthly, that the elections of the national councils or senates shall take place annually (biennially or triennially) in the month of ; that the numbers shall be for England and Wales; for Scotland; and for Ireland; that the members of council so elected shall have been members of their respective universities, colleges, or corporations, or of the said faculty (at least five, seven, or ten years), immediately preceding such elections.—Fifthly, That a general council or senate shall be constituted of the whole or a certain number of the members of the three national councils or colleges, which shall meet as often as may be deemed requisite, to act unitedly in framing all necessary by-laws to regulate the qualifications, admission into and government of the profession, subject to the approval of the Secretary of State for the Home Department and the Lord Chief Justice of the Queen's Bench.—Sixthly, That no future candidates shall be licensed to practise the healing art until they have been examined, and their qualifications tested by a board elected under such regulations as the general senate shall from time to time agree to.—Seventhly, That all persons examined and admitted into the faculty, and all persons now practising legally (or holding certain qualifications) shall have power to practise all or any of the branches of the healing art in any part of the British dominions, and shall enjoy equal rights and privileges among themselves.—Eighthly, That no members of the faculty shall be permitted, after twelve months from the passing of this Act, to keep open shops for the purpose of selling medicines or of compounding the prescriptions of others, unless under special circumstances (or in rural districts, &c.) and then only by licence from the senate. But any member may supply his own patients with medicines prescribed by himself, or by others in consultation with him.—Ninthly, That all persons purposing to exercise the calling of chemist and druggist, or compounder and vender of medicines, shall previously undergo a suitable examination as to their knowledge of chemistry and pharmacy by a board appointed for that purpose by the general council; and if found duly qualified, they shall be licensed and registered accordingly.—Tenthly, That a general system of registration shall be established in each of the three kingdoms; to comprise, first, all existing legally-qualified members of the medical profession; secondly, all future members of the proposed faculty; thirdly, all chemists and druggists, or compounders and venders of medicine. That all members of the medical profession actually in practice, and all

chemists and druggists shall, in the month of in every year, register their names and places of abode under a penalty of pounds for the first and second offences, and shall for the third offence forfeit his or their licence until the fine shall have been paid, and this clause of the present Act shall have been complied with.—Eleventhly, That all persons on being licensed to practise the healing art by the general senate shall pay the sum of , and all persons licensed as a chemist and druggist, shall pay the sum of to the treasurer of the faculty; and every practitioner of medicine, and every chemist and druggist shall annually pay the sum of as a registration fee; all which sums shall be remitted to the treasurer of the faculty, to be employed for the purpose of carrying out the several intentions of this Act.—Twelfthly, That in future no person or persons shall be allowed to practise any branch of the healing art (and chemists if they are to be included), until he or they shall have been examined, and licensed by the council or senate of the faculty as aforesaid, except the existing legally-qualified members of the medical professions, whose names shall be registered in such manner and form as shall be appointed for that purpose.—Thirteenthly, That no person or persons shall in future assume a title or denomination as a medical practitioner, to which he or they shall have no legal right; and that all such persons convicted before one or more of her Majesty's justices of the peace of practising illegally (or of vending and compounding medicines without a licence) as aforesaid, or of assuming titles, he shall be liable to be imprisoned for not more than three months, nor less than one month for each such offence.—Fourteenthly, That no person shall be allowed in future to undertake the office of her Majesty's coroner, for any county, city, town, prison, &c., who is not a legally-qualified medical practitioner, or at least until he shall have been examined as to his knowledge of medical jurisprudence, &c. &c., and shall have received a certificate to that effect from a board appointed by for that purpose, and composed of .—Fifteenthly, That the following persons [to be named], being legally-qualified physicians or surgeons, shall constitute the first or provisional councils for England, Scotland, and Ireland, to carry this Act into effect; that they shall meet within three calendar months after the passing of this Act, and shall at their first meeting elect a president and secretary for each of the said councils; and within months thereafter they shall appoint a registrar, a treasurer, and other necessary offices, &c."

ROYAL COLLEGE OF SURGEONS, LONDON.

List of gentlemen admitted members on Friday, October 16th, 1840:—

George Bebb Seely.
James Nance.
John Clark.
John Beach.
John Neill Waugh.
Archibald Stevenson.
Edward Frederick Kelaart.
Edward Booth.
Henry William Boxall.
Thomas Bennett Humphreys.
Thomas Grimwood.
Charles Allison Holmes.
John Leek Loudon.
John Fred. Hen. Robt. Woodward.
Samuel Flood.

Died at Hastings, the 19th inst., Robert Montague Wilmott, M.D., F.L.S., in the 68th year of his age, after a lingering and painful illness, which he bore with the greatest fortitude and resignation.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XI.—HOW THE SEASON COMMENCED (CONTINUED).

"THERE are no operations to-day, sir, at the hospital, are there?" said a new man to Macarthy, as our old friend, having deposited Swubs from his back, took his seat on a stool by the side of the fire-place, and commenced sawing off the corner of the mantelpiece with the saw I used for opening skulls—not a choice instrument as you may imagine—at the same time giving vent to his vocal abilities in the 'Groves of Blarney.'

The new man was a regular country student, just fresh from the surgery and retail of a village apothecary. His face was tanned and chubby; his hair cut very short behind; his cutaway coat of a bottle green with brass buttons; his hat something between a quaker and a coachman's; his trousers dingy drab, without straps; his shirt collars most exuberant; an old fashioned brooch stuck in his Spanish cloth stock, and you have his picture.

Macarthy looked up sideways from his employment, and having tried to spit at a fly who was resting on the back of the grate, and missed it, observed with a slightly contemptuous expression—"Don't 'sir' me—I'm not used to it at all. My name's Macarthy—what's yours?"

"Joseph Henry Whipples," replied the new man.

"Very well, Joseph," said Mac; "now, what do you want to know?"

"Are there any operations to-day at the hospital?"

"How the devil should I tell? I never go near them, unless it is to get my certificates. I have't been round the hospital for two years, and then I never went beyond Dorcas Ward."

"Why was that?" asked Mr. Whipple.

"Because there was a very pretty girl in No. 16 bed, with brachial aneurism, brought on by foul bleeding. When she left I cut the concern altogether—besides, the hours interfere with lunch."

"Then there are pretty girls in the hospital sometimes," returned Whipples; "I thought there was never anything else but old women with bad legs, and religious servants with housemaids' knees to be found there."

"Lord bless you!" said Mac, "we get young duchesses and ladies of rank here, who come *incog.* for the benefit of good advice and regular diet. Sometimes they fall in love with the students and marry them, when they get cured. I can assure you it's a thing that often happens."

"Did you ever know a student who married a duchess from the hospital?" asked Mr. Whipples, with an air of the deepest interest.

"Why, you need not mention it again," said Mac, dropping his voice, and speaking in a most confidential tone; "you need not mention it again, but I was once very near doing so myself. I am not quite sure she was a duchess, for she was always very silent concerning her rank, but she lived somewhere near Burton Crescent, and had a lace frill to to her nightcap, which proved she was a little above the common class."

"And why didn't you?" asked Whipples.

"Ah, very true; why didn't I?" said Mac, thinking what he should say next; "that's what I'm coming to. Why, I rather suspected that she had the preference for a gentleman in a tight Mackintosh, who used to bring her oranges and acidulated drops on visiting days, and so I thought I'd think a little about it. I chanced just then to go into the country for a day or two, and when I re-

turned, the lady was gone, and the bed was occupied by an old drunken Irishwoman, who had slipped off the pavement and cracked her malleolus. I think, however, she married, because I saw her one night afterwards with the gentleman in the Mackintosh at the Eagle. Do you know the Eagle?"

"Which Eagle?" asked Mr. Whipples, in whose head sundry dreams were fitting of the carnivorous birds at the 'Surrey Zoological.'

"Why, th' Eagle Tavern, to be sure," answered Mac, "what other Eagle is there? Ah, I see you know nothing about it—no matter. It was very annoying though, wasn't it, to have your affections asphyxiated like that?"

"I did not think you could find so much romance in a hospital," said Whipples, to whom it was all gospel.

"Romance is it?" returned Mac, who, having sawn off the corner of the mantelpiece to his satisfaction, lifted up the lid of the boiler, and pushed it in to hide it. "Romance is it? Didn't you ever hear the story of the dresser and his beans?"

"I cannot say that I have," was the reply.

"Well, then, I'll tell it to you," said Macarthy.

"Now listen. About three years back there was a dresser at the hospital, named Jack Simmons. He was a very good sort of a fellow, and a very good surgeon, but he was so very susceptible, that he used to fall in love with every good-looking girl that came under his care. He wasn't much of a ladies' man, either. He played the flute, to be sure, and wore his hair long behind; but then he was very short and podgey, and had got one leg longer than another; in consequence of which he used to go hopping about the wards like the raven under the hackney-coaches there, in the street. 'Dot and go one,' we used to call him."

"Didn't he mind being called so?" asked Whipples.

"Devil knows," said Mac, "and it would'n't have made much difference if he did. However, he went on love-making and forgetting, and love-making again, until one day there was a patient came under the surgeon he dressed for that quite turned his head entirely. A deuced pretty wench she was too, with a devilish good hand and arm, and such a figure! I believe you;" and hereupon Macarthy made a lolling noise with his mouth, like little boys when they express by sounds how much they like baked pears, or other delicacies of similar confection.

"What was the matter with her?" inquired Whipples.

"They thought she had symptoms of caries of the vertebræ," returned Mac. "Ah, by the way, recollect, when a patient of a scrofulous diathesis comes to you with caries, and you want to find out whereabouts it is, hit the spinous processes all down the back with a ruler, and she'll squeel like fifteen blazes when you knock the unsound ones. Let me see, where was I?"

"Wait a minute if you please," said Whipples, "until I make a note of that;" whereupon he pulled out a big book of outside post, and taking an ever-pointed pencil from his pocket, inserted Macarthy's advice at full length.

"Well," said Swubs quietly to Johnson, who was looking on; "I have seen many fools, but—" what he would have added was lost in the pewter, which he raised at that moment to his lips.

"Where was I now?" said Mac to Whipples, when the latter had concluded making his note.

"You said the patient had a carious vertebræ."

"I'm now going to tell you," replied Mac. "She came in under Snipliver, and he prescribed issues at the side of the spine. Poor Simmons! he used to look so spooney as he removed the dressings."

"He was in love, then?" asked Whipples.

"Wasn't he," said Mac, "Oh, no—not at all. Well, he went on day after day, getting spoonier than ever upon the girl; and at last one afternoon, when a patient in the next bed was raving in a fever, and surrounded by a screen, Simmons took advantage of the circumstance to declare his love, because the day nurse could not see him. It was winter, and she was mulling elder wine at the fire."

"Hadh't he told his love before?" inquired the new man.

"No, never," shouted Swubs, "but had let concealment, like disease in the *antrum*, feed on his damask cheek."

"Never mind them," said Mac, continuing his tradition. "Worse luck for Jack, the lady would not listen to him at all; in fact she regularly snubbed him, and said, 'if he persevered in his impertinences she'd inform the matron.' This was a terrible blow for Jack, because he had made up his mind to ask her for a *souvenir*."

"What's that?" asked Whipples.

"Hoo!" exclaimed Mac; "don't you know *souvenir* is the French for a lock of hair?"

"Oh, to be sure, so it is," returned Whipples.

"And didn't she give it him?"

"No," said Mac, "but she gave him something else."

"What was that?"

"A box of the ears, one day when he tried to kiss her, that sounded all over the ward. Simmons was not to be done, however, and as he could not get a lock of her hair, what do you think he did?"

"I am sure I can't tell," replied Whipples.

"Why, he did one of the most beautiful things that ever you heard of in the works of Byron, or Catnach, or any other love poets. He saved some of the beans that he took out of the issues, and stealing her teapot, which she left on the ledge over her bed, when she quitted the hospital, he filled it with mould from the hospital garden, and planted the beans in it."

"Noble fellow!" cried Swubs, receiving the half-and-half from Johnson; "I imbibe his salubrity."

"His object was," continued Mac, "to let the beans grow, and then water them with his tears. Grow they did, in time, to be sure, for he kept them at his lodgings in the room, but he could never muster tears enough to water them. He tried a good many things, to be sure; first he took to rubbing his cheeks with Liquor Ammoniac, and holding his eyes over the open bottle; then he took to drinking, but that made him too jolly to cry at all. At last he was obliged to come to plain water, and that answered best of all."

"And did the plant live?"

"Oh, I believe you. He trained it up some bits of string outside his window, and it looked quite rural. There he used to sit of an evening, looking at the teapot that contained it, and playing mentisental music on his flute, until he got quite romantic, and actually wrote some verses for a periodical. They were never inserted though, but I've got a copy of them—I'll show them to you to-morrow."

"What became of the plant eventually?" asked Whipples.

"Why, he passed the Hall some three weeks afterwards, and in the height of his triumph gave a flare up at his lodgings. No sooner did he get a little drunk than he told all his story confidentially to the man who sat next to him

(who was an utter stranger, brought by one of the pupils from his school): and to show how independent he had got, he opened the windows and shoved the bean plant, teapot and all, down into the yard below. I dare say he repented of his act when he awoke the next morning, and found seven men asleep in his bed with their clothes and boots on; but it was too late to repent. Everybody became acquainted with the story, and he went by the name of Jack and the Bean Stalk ever afterwards. You've heard of 'Jack and the Bean Stalk'?"

"Oh, yes," answered Whipples; "it's a book about a giant, that—"

"No matter what it's about," interrupted Mac; "that book was written all about Jack Simmons, and wonderfully well it sold, only the editor put a great deal in of his own that never happened."

"I think you must want something to wash all that down," said Swubs, when Macarthy came to a pause; "I propose that Mr. Whipples be respectfully requested to stand a pot."

"I've no objection, sir," said the new man, pulling a purse out of his pocket, that his sisters or somebody else had knitted for him to keep his money in when he first came up to London; "I've no objection, sir. How much is it?"

"You don't mean to say you don't know!" exclaimed Swubs, aghast at his ignorance; "why, where on earth was a pot of half-and-half ever charged more than fivepence in the world, except it was in the parlour? Give Bud-dle sixpence, and let him keep the penny for his trouble in going to fetch it."

The sixpence was handed to me, and I went round to the Sir Isaac Newton's Head to order it. When I returned with the beer I found them considering what they should do with themselves that evening, for being the first day of the season, they did not feel very much inclined for work. Some were for going to the Adelphi to see Jack Reeve as Moll White, in Sir Roger de Coverly, and to Coal Hole it afterwards. Others voted for the Surrey, and others for the Tepid Swimming Bath. At last Macarthy cried out—

"I've got it—let's go to the Eagle; Whipples has never been, nor more have several others, I dare say, and there's plenty for money. What say you, young thing-um-bob?" asked he of Whipples, slapping him on the shoulder.

"I don't know," retorted Whipples gravely; "Is the Eagle a proper place?"

"Oh, quite proper—perfectly correct," answered Mac, "I often take my mother and sisters there." (It ought to be premised that Macarthy had no relations in the world but an old uncle, who was his guardian.)

"And what do you do there?" inquired the other.

"Why, you enjoy yourself. You drink tea if you like to order it, and walk about and hear sacred music performed. It's worth seeing, I can assure you, and very well attended. All the first people in the land go there. I'm not quite sure whether some of the Royal Family won't be there to-night; if I see them I'll show them to you."

"I think under those circumstances I may go," said Whipples; "I promised my father, when I came to London, not to frequent any places of public entertainment, but I should say this is a superior sort of thing by your account, and one well worth seeing. I'll go for my aunts to go with us, if you like; they live in the Strand."

"Oh, no," returned Mac; "I think you'd better not to-night, because if any of the Royal Family should chance to be there, perhaps the crowd will be too great for ladies. You can

go first and see what it is like, and then take your aunts another night."

"I vote those who are going should dine together at an eating-house," said Swubs.

"Agreed," exclaimed Mac; "we'll take the first by storm we come to. Who's going—now don't all speak at once."

Swubs, Johnson, and Whipples, answered that *they* were. The remainder of the men divided into separate parties, and all seemed bent upon amusing themselves for that evening at least, except two or three new pupils, who retired steadily home to buy a pound of candles, drink a cup of coffee, and write out the notes which they had taken upon Dr. Philanthus's introductory lecture, well satisfied that they were doing something which would be of incalculable benefit to them when they went up to the Hall. ROCKET.

FOREIGN JOURNALS.

Gazette des Hopitaux.—*Journal de Chimie Medicale.*—*L'Experience.*—*Hufeland's Journal.*—*Gazette Medicale.*—*Monatschrift fur Medicin.*—*Medicinisches Correspondanz-Blatt.*—*Zeitschreft fur die Gesamnte.*—*Wochenschrift fur die Gesamnte Heilkunde.*—*Zeitschreft fur die Gesamnte Medicin.*

Diagnostic of Hydrencephalus, and its Treatment by potential Caustery.—Dr. HORST, of Cologne, maintains, 1st. That *acute hydrencephalus* cannot be diagnosticated with certainty at its commencement, and that reported cures of this malady should be otherwise designated; 2nd. That slowness of the pulse continuing for several days, while the cerebral symptoms continue to increase, is the most certain sign of hydrencephalus. Doctor Dürr supplies three cases of this disease, cured by the application of the potential caustery.

Are Variolous Pustules found in the Interior of the Body? inquires Professor ALEXANDER of Utrecht. He arrives at the conclusion that internal variolous pustules must be admitted, with certain restrictions. He has several preparations in his museum, which display pustules on the tongue, the palate, and the velum palati, but has never found them in the trachea or oesophagus, although those organs have, always been inflamed. They have frequently been seen covered with epithelium and membranes resembling the buffy coat of the blood, and in one preparation of the trachea in his possession, there are traces of a previous pustule. In the intestine the author has frequently seen both pustules and ulcerations, the latter of which was of the same kind as is met with in typhus fever and phthisis. The internal pustules differ from those of the skin, in consequence of there being no epithelium in the intestine, where they are formed by the intestinal glands, whose external orifice enlarges and becomes visible in the form of a black speck. In the body of a person who died of typhus bluish spots were found in the intestines, which at first sight might be considered as gangrenous, but on examining them more narrowly, and introducing a needle into the central orifice of the gland, they were found to be venous exudations. If these spots had been detected in a variolous patient, they would have been considered as variolous eruptions.

Delirium Tremens, and its Treatment by Opium, is the subject of an essay by Dr. SZERLECKI.

Erythematata and Enanthematata.—Dr. EISENMANN supplies a memoir on these affections. Linnæus, in the *Amœnit. Acad.*, was the first to describe the dysenteric eruption of the intestines, under the title of *scabies intestinalis interna*; and Dr. VOISIN, of Limoges,

in his account of dysenteric ulcerations and perforations (*Bull. Anat.* 1839), has shown the mode in which that eruption passes through its several stages, even to perforation. Røederer and Nagner have shown the existence of a particular eruption on the intestines of individuals who died of mucous fever, since which time the fact has been particularly noticed by Bretonneau, Andral, Broussais, Louis, and others, and the analogy between the enanthemata, or intestinal eruptions, and the exanthemata of the skin, has been rendered more evident.—The author has been attacked by Professor Albers, of Bonn, who denies the existence of internal eruption as a pathognomic sign of fever, as is the case with external eruptions, such as measles; to which M. Eisenmann replies, that it is not from fever that we diagnosticate the forthcoming exanthemata, but from certain peculiar symptoms, as cough and epiphora in measles, angina in scarlatina. The physician of Bonn maintains, secondly, that exanthemata have definite periods, which is not the case with enanthemata; but how many exanthemata exist without the definite period, the miliary eruption may be taken as one example.—3rdly. It is objected that the eruptions on the mucous membranes have no cellular structure, and contain no fluid. But how many external eruptions exist, which are of the same description? for instance, urticaria and papulous small-pox.—4thly. That the enanthemata commonly terminate by suppuration, and the exanthemata but seldom. Nevertheless pustulous eruptions on the skin are very far from being uncommon.—5thly. That cutaneous eruptions either leave cicatrices, or are followed by desquamation of the epidermis, neither of which is perceived in the internal eruption. But this allegation is unsupported by fact, for every pathologist has found cicatrices; moreover the desquamation of the epithelium cannot be doubted, after the labours of Boehin and Henle.—6thly. It is alleged that the form of exanthemata and the accompanying fever are constant, which is not the case in the enanthemata. But daily experience proves the contrary.—7thly. That the symptoms which seem to be the precursor of the internal eruptions are often followed by some other malady, and the suppurative fever, when it takes place, is not in proportion with the quantity of pus secreted. But the same may be affirmed of cutaneous eruptions, and the greater or less degree of constitutional disturbance depends upon the nature of the pus secreted. A drop of pus from a malignant pustule is more terrible than the quantity which is furnished by 500 variolous pustules.—8thly. That the exanthemata are more frequently epidemic and contagious, whereas the internal eruptions are chiefly sporadic and endemic. But this the author considers as an assertion at variance with daily experience.—The author having refuted the opinion of Professor Albers, and having proved that the enanthemata form a special order of disease, he says, that in the natural orifices of the human body, where the external teguments are continuous with the mucous membrane, the enanthemata form an uninterrupted eruption with the exanthemata. Thus aphthæ in the mouth are frequently seen on the lips, and extend even to the eyes.—The enanthemata are described under five heads:—1. Erythema of the mucous membrane ending in desquamation, like the erythema of the skin, as demonstrated by Boehin and Henle, who have shown that the mucous membranes were covered with an epithelium, and that the mucous discharges always contained portions of that membrane.—2. Vesicles of the mucous membrane observed upon the palate in measles.—3. Papula, as in case of thrush, or those ob-

served by Røederer and others, in the mucous fever, or those seen by Hæser in the throat during the epidemic *Grippe* at Jena.—4. Pustules of the mucous membrane, as exemplified in the thrush, and the furuncles of Dothinentritis.—5. The fungus or tubercle of the mucous membrane, found by Hensinger in some forms of typhoid fever, by Bretonneau in diphtherite, by Montgarni in the *fégarite*, and by others in dysentery. The same substance on the vaginal mucous membrane in malignant puerperal fever. 6. The mucous eruptions in the neighbourhood of the ileo cæcal valve, which seem to invade the glands of Peyer.

Consequences of suppressed Transpiration from the Feet.—Dr. IDELER, among other cases, reports that of a young man who was cured of long-continued and acute pain in the legs, by an ointment of marshmallows, containing oils of sabine and calamus aromaticus, of each forty drops, balsam of Peru two grammes, and sixty of the vehicle, which produced an abundant transpiration of the feet; antimony was at the same time administered internally.—A case of chronic hepatitis, with erysipelatous inflammation of the tongue, consequent on suppressed transpiration of the feet, was cured by the restoration of that excretion.—The editor of the *Gazette Medicale* recommends for this purpose a mixture of one part of sal ammoniac and two of quick-lime, put into the stocking. Would not this produce an ammoniacal blister?

Phthiriasis from cutaneous Lice.—This patient, received at the clinical hospital of Berlin, was covered with a squamous cutaneous eruption and petechiæ. He had no lice either in his head, or on the pubis, or on his clothes; but from the appearance of the little crusts, no doubt existed that insects would be found, which was proved on removing the scales. Each scale covered one or more insects of a dark colour, of the same species as head-lice, but of slower movements. The cure was effected by alkaline baths, and lotions of sublimate.

Primitive Seat of Abdominal Typhus.—Dr. CRAMER, in the *Monatschrift für Medicin*, assigns the ganglionic nervous system as the part from which abdominal typhus takes its origin; but he professes to be unacquainted with the nature of the lesion in question. He adds, that as the ganglionic system presides over vegetative life, its disease occasions perversion of the crisis of the blood, sanguineous infiltrations and deposits, serous transudations, softening and extenuations of tissue. The diseased state of the blood produces the typhoid tubercles and ulcerations in the glands of the intestines. The ulceration is therefore an effect, and not a cause. It may be absent, notwithstanding the fever pursues its ordinary course.—The author makes a distinction between abdominal typhus and common typhus, which last is averred to be contagious, but free from ulceration in the intestine.

Abdominal Typhus treated by Injections containing Nitrate of Silver.—Dr. EBERS, in the *Wochenschrift für die Gesamte Heilkunde*, reports his success from this practice. The nitrate of silver was employed in clysters of gum arabic solution, in the dose of from 20 to 50 centi-grammes, repeated three or four times in twenty-four hours.

Abdominal Typhus cured by large Doses of Calomel.—The *Medicinisches Correspondenzblatt* records the stupendous success of Dr. SICHERER in the treatment of this disorder by calomel. The number of patients thus treated in the hospital of *St. Paulen de Heilbronn* were 640, of whom 19 only died. "The specific remedy for abdominal typhus," says the author, "is calomel, in doses of one gramme (about 16 English grains, 18 French), at inter-

vals of from one to two days. It must not be combined with other medicines, especially opium. Its employment is specially indicated in the first seven days of the complaint, but at a later period, when the tongue is brown and dry, and the nervous state is more strongly marked, it must be laid aside. To prevent salivation it must be enveloped in a wafer (hostie). When nausea or saburra exists in the primæ viæ its use must be preceded by a gramme of ipecacuanha. The greater the number of evacuations from the calomel, the more should we insist on the administration of the remedy! From two to four doses in general suffice. When the medicine fails to purge, it must be laid aside until the bowels have been cleared by clysters.—Our readers would do well to reflect whether the English, or any pure calomel, would admit of being administered in so large a dose as here recommended, without inconvenience. It appears from the dissection of persons who die of this complaint, that where calomel was administered, the glands of Peyer had not the same form as in those treated by other means. They were puffed up like broad condylomata. When the calomel was deferred till the second period, ulcerations in the intestines were found to have assumed the healing process.

Boiling Water as a means of curing Fistulæ.—The *Zeitschrift für die Gesamte Medicin* gives two cases of fistulæ, successfully treated by injection of boiling water. The one was recto-vaginal, the other in ano. Is there no danger of injecting boiling water into the rectum, even through a fistula? and if so, is there any means of preventing that result?

Poisoning from Antimonial Vapours.—The same journals contains the following from Dr. LOHMEIR. Four persons were frequently exposed to antimonial emanations in an establishment for preparing in large quantities emetic tartar, and the chlorure and glass of antimony. Vapours of antimonious acid, and chlorure of antimony were continually disengaged. These four individuals had pains in the head, difficulty of breathing, stitch in the side, pungent pains in the back, mucous rattle and whistling in the throat, difficult expectoration of tenacious mucus, want of sleep, abundant perspiration, great depression, anorexia diarrhœa, dysuria, with discharge from the urethra, and a burning sensation in that part, flaccidity of the penis, pains and atrophy of the testicles, and complete impotence *ad coitum*. The scrotum and thighs were also the seat of a pustular eruption.—The term antimony in its origin, implies that it was administered to monks in order to abate the sexual passions, and we have in the above instances remarkable proofs of the anteprophdisiac power of this substance in the form of vapour.

On the Functions of the Ganglionic Nerves.—The *Monatschrift für Medicin* contains remarks on this subject by Dr. REMAK, of Berlin. Every nervous fascicle is composed of an assemblage of primitive filaments, which are juxtaposed without any communication even in the most compact plexus. They are connected on the one hand with the cerebro-spinal axis, or with the ganglia, and on the other with the organs. The nerves which communicate with the cerebro-spinal axis have two orders of roots, anterior for motion, and posterior for sensation. The only exception to this rule is in the optic, olfactory, and acoustic nerves. M. Ehrenberg first demonstrated by microscopic observations that motor filaments were distinguishable from the sensitive. The latter become varicose, and in form of a *chapelet* after death; the motor remain cylindrical, and they present a wrinkled aspect. M. Ehrenberg thinks that the primi-

tive nervous fibres are hollow, and contain a species of soft or medullary matter, which may be pressed out; but M. Remak differs on this subject. This gentleman has observed longitudinal bands along their internal surface, like those of the large intestines; and as the coat or tube of the sensitive nerve is very thin, the contraction of this band occasions the varicose appearance seen by M. Ehrenberg; but the substance of the motor nerves being more substantial, is more resisting, which enables them to preserve their cylindrical form, although they are wrinkled by the contraction of the bands; the motor nerves are more visible than the sensitive, because they are more opaque and larger. The latter are so transparent as to require a very strong light to detect them. Dr. Remak distinguishes also the nerve of organic life, which is red, and more slender even than the sensitive filaments of the spinal nerves.—The nerves of organic life derive their red colour from a medullary or globular matter which they receive from their respective ganglia. The ganglia of the great sympathetic are crossed by the nerves of the cerebro-spinal axis, without their being confounded with each other. Every nervous fasciculus in general contains the three species of filaments—motor, sensitive, and organic. The organic filaments, which pass backwards to the spinal marrow, gradually become thinner as they remove from the ganglion, and at length are lost in the substance of the cerebro-spinal axis, as in any other organ. Those organic filaments which join the cerebral nerves of the fifth and sixth pair also grow thinner in their progress from the upper cervical ganglion. The great sympathetic is formed by a series of ganglia which are joined together by filaments of communication which pass before the angles of the ribs on each side of the vertebral column. These filaments are white, and are accompanied by very few primitive tubes belonging to organic life. The posterior filaments of communication are also white, but we observe a larger portion of the red organic filaments with the posterior than with the anterior. The anterior nerves, which pass from the ganglia to the organs, present the greatest mixture of white and red filaments. The latter are in greater or less proportion, according as they are destined to organs having a greater or less dependence on volition (as the liver and spleen). Such of the nerves of the great sympathetic as contain many white filaments also transmit impressions to the common centre of perception from the organs to which they are distributed. They are also the messengers of volition, for certain persons, and Dr. Remak among the number, can, by determined will and attention, increase the peristaltic motion of the intestines without the concurrence of the abdominal muscles. In the cerebro-spinal nervous system two orders of action are going on—perception received, and volition sent back. Two analogous actions are perceived in organic life; there is an organic perception or Hallerian irritability, and a reaction or function of organic reflection, as demonstrated by Müller; so that the animal economy may be said to possess two *sensoria communia*, one of the cerebro-spinal axis, and the other of the ganglionic system of organic life.

MONMOUTH.—Henry Parry, Esq., of Monmouth, Surgeon, late of Caeleon, had arranged a Museum of Paintings and Natural History, in the Borough-court, for the benefit of the declining funds of the Dispensary of that place, which has been liberally patronised, and abundantly criticised, by the wits there: £35 to £40 have been received in aid of the Dispensary difficulties.

VACCINATION BILL IN IRELAND.

THE medical gentlemen of the south of Ireland are all actively engaged in making arrangements amongst themselves as to the Poor-law vaccination appointments. A large meeting was held in Ennis, of the County Clare Association, when it was unanimously resolved not to accept less than two shillings and sixpence for each vaccination case. The offer of the Poor-Law Commissioners being only one shilling. Subsequently a numerous meeting of the counties of Kildare and the King and Queen's counties, was held at Maryborough, Dr. Jacob in the chair, when a declaration in the shape of a manifesto was drawn up and signed, agreeing to accept eighteen-pence, but to transfer it to a benevolent fund for distressed members of the profession. On Saturday, Oct. 3rd, the third one of the largest medical meetings ever held in the south of Ireland met at Limerick; it was composed of all the talent and respectability of the profession from the Counties of Clare, Tipperary, Limerick, and Kerry. The Maryborough manifesto was agreed to, except in the adoption of the Clare resolution not to accept less than two shillings and sixpence for each vaccination case, in the room of eighteen-pence. A body of important resolutions were subsequently agreed to, and the meeting departed with the utmost satisfaction. Doctors Maunsell and Williams, both professors in the Dublin College of Surgeons, attended as a deputation from the Council of the Association of Ireland, and were entertained to a sumptuous dinner in the evening, and their medical brethren. The most cordial intercourse of kindly feeling was more than manifest upon both occasions. These meetings, and this method of sending deputations from the central council to attend them, will have a powerful effect in uniting, arousing, and upholding the interests and respectability of the profession.

ST. GEORGE'S HOSPITAL.—Tuesday a meeting of the subscribers to the Testimonial to Sir Benjamin Brodie took place in St. George's Hospital, Mr. Fuller in the chair. The secretary, Mr. C. Hawkins, read the report, stating that 343 subscribers had enrolled their names, and that the amount of subscriptions averaged £360. The committee recommended that the testimonial should be as lasting and public as possible, and came to the conclusion of suggesting to the meeting one which, while it marked their admiration of the talents and character of Sir B. Brodie, would also conduce to the advancement of the interests of the surgical profession; and with these objects in view they proposed, for the concurrence of the meeting, that a die be made, having a profile of Sir B. Brodie on one side, and an inscription on the reverse, from which a medal might be taken to be annually awarded as a surgical prize, to be called "The Brodie Testimonial Prize," to be contended for by the whole profession, and that the distribution of the prize should be committed to the College of Surgeons in London, and that that body be solicited to undertake the task of awarding the prize, the amount and value of which would depend upon the amount of subscriptions. On the motion that the report be received, it was moved, seconded, and, on a division, carried, that the awarding of the prize should result in the officers of St. George's Hospital, when a committee was appointed to carry the spirit of the report, with the amendment, into operation. The thanks of the meeting, which was rather numerous, was voted to the chairman, and a subsequent motion was made that the committee who had made the above-mentioned report should continue their labours, but this was declined.

REVIEWS.

Illustrations of the Arteries connected with Aneurism and Surgical Operations. By G. D. DERMOTT, Lecturer on Anatomy, &c.

THERE is, as we all know, two ways of doing anything—a right way and a wrong way; but there is also a less recognised difference in the mode of fulfilling a task. It may be simply done in the right way, and therefore entitled to the commendation of correctness, or it may be commenced and completed by one who has such natural aptitude for the undertaking, that an extra value shall be added, by the happy application of means to an end. This is in a great degree illustrated in the plates now before us, their author being at once the anatomist and the artist—the dissector and the draughtsman. We accordingly have, in place of mutilated copies from Tiedemann, Cloquet, or some less correct authority, a series of anatomical illustrations of the arteries which have the dead body as their originals. Mr. Dermott has evidently a bold free pencil, and the plate of *The Trunk* is especially characteristic and natural—with the correctness of a studied diagram, it displays the freedom of a finished picture. In these days of plagiarism, when books are rather the results of activity in a well-stocked library than of laborious thought and clear reflection, it is a credit even to *attempt* originality, and when the attempt has a practical object, the author is entitled to attention and praise. Mr. Dermott has not followed the usual course, and "edited" a series of copies from other plates, but chosen to dissect for himself, and draw from his own dissections. He states his object to be to show the relative position of the arteries in respect to the surrounding parts, and the organs to be met with in surgical operations. The plates are the size of life, the first giving, in two figures, a dissection superficial and deep of the head and neck, descriptive text being appended containing references, and the steps of the various operations. To the text it may be objected that the references are *run on*, instead of each initial, or figure of reference, beginning a line, which would have been a clearer mode, although the plan adopted has the recommendation of economizing space. The second is a much larger plate, containing two figures, the first being a superficial dissection of the breast, axilla, arm, fore-arm, and hand, with some of the arteries of the neck; the second, an illustration of the more deeply-seated parts in the bend of the arm and palm. After a description of the modes of applying the ligature to the brachial artery, Mr. D. remarks:—

There are, however, *strong objections against operating* at the bend of the arm, and securing it behind the bicipital fascia at the seat of the wound. 1stly. Both the internal cutaneous nerve and the median basilic vein will be found in the way of the operation after the first incision, and will be in all probability cut through;—2ndly, the bicipital fascia must be divided, which will weaken the muscles of the fore-arm, inasmuch as the biceps is a tensor of the general fascia of the fore-arm, and increases the effect of that upon the muscles;—and 3rdly, numerous divisions from the recurrent branches of the radial and ulnar arteries in the fore-arm will be divided by the dilatation of the wound, which under particular conditions may throw out a troublesome and even an ungovernable effusion of blood from its surfaces.—If the operation *above* the biceps fascia, with pressure upon the wound, should fail in its effect, the operation at the bend of the arm is still practicable as a *dernier resorte*.

Plates three and four display the axilla, and are perhaps the least valuable of the series. Plate five affords us three dissections of the

front of the thigh. In reference to the *application of the ligature upon the superficial femoral artery beneath the outer edge of the Sartorius*, Mr. Dermott remarks:—

When it is determined to tie the artery beneath the external edge of the sartorius muscle, in preference to the internal—the operation is begun by making the incision in correspondence with the outer edge of the sartorius muscle, and reflecting the latter inwards and upwards, so as to expose the lower part of the tricipital canal; but in cutting down upon and reflecting the external edge, the operator must calculate upon the width of the sartorius muscle, in order to meet its outer edge: now as the width is different in different cases, according to the muscularity of the thigh, so the position of the outer edge will be various; thus the operator uncertain whether he is making the first incision exactly in the proper situation, may be cutting down upon the fibres of the vastus; and this, of course, will be a cause of embarrassment to the surgeon, and additional pain to the patient (the wound in the common integuments not being in correspondence with the deeper part of the wound between the sartorius and vastus). *I have seen a great deal of searching*, in the living person, after the outer edge of the sartorius; either muscle when exposed will be at once identified by the great contrast in the course of the fibres of the two. After the sartorius has been turned up and the sheath exposed, the latter must be opened, and the artery separated from the nervus saphenus, which lies upon it, and immediately in the way of the operator, as well as from the femoral vein behind. There are some who *advocate taking up the artery* here, under the pretence—of avoiding the division of the superficial set of absorbent vessels, the vena saphena major, and the ramus anterior nervi cruralis.—It has been stated that *by operating at the inner and upper edge of the sartorius*, the superficial absorbents of the inferior extremity and vena saphena major will be divided, and that anasarca of the inferior extremity will be produced. This notion is the offspring of theory, not of practice. We never hear of anasarca being produced as the effect of the operation, after the artery and aneurism are obliterated and the wound healed; the vena saphena major is not, in some operations, met with; and when it is, it can be easily turned aside, or a division of the vena saphena major would be of little importance. I must observe, too, that the incision is made nearly parallel with the course of the superficial absorbent vessels (not directly across them), consequently but few can be divided; therefore judging, *a priori*, the absorbent system in the limb would not be so injured as to produce anasarca.—The only *advantages gained by performing the operation at the outer edge of the sartorius*, if advantages they can be called, are the following: 1st. That the sartorius muscle will be considerably deranged in its position. 2nd. The nervus saphenus descends upon the *outer side*, consequently must be immediately in the way of the operator, irritated, perhaps seriously injured, and the patient put to a great deal of unnecessary torment. 3rd. The artery, secured behind the outer and lower edge of the sartorius muscle, is tied much lower down than at the upper edge, the ligature is therefore probably put upon a diseased part of the artery, it produces ulcerative instead of adhesive inflammation, secondary hæmorrhage takes place, and probably as a final effect the death of the patient.—It has been *laid down by Hunter as an axiom*, that the artery should be tied at a distance from the aneurism, to avoid applying the ligature upon a diseased part of the artery; and in coincidence with this SCARPA has established that the best point at which to tie the artery is, as it is passing behind the inner edge of the sartorius muscle; as there, no important parts are divided; the sartorius muscle will be little, or probably not at all, disturbed; the artery can be, at that place, most easily insulated from the nervus saphenus and femoral vein; and more especially because the ligature is at a considerable distance from the aneurism, and probably applied on a healthy part of the artery.

Plate six gives a useful dissection of the front of the leg and back of the foot, plate

seven being the *chef-d'œuvre*—the trunk. This plate should be coloured to do it justice, and to render the variety of parts depicted more strikingly clear. In the text accompanying this plate, and in reference to the operations on the arteries, our author says:—

I think by means of an inverted T incision, and dissecting the two flaps laterally, that the arteria innominata could be easily secured without the division of any muscle. In injecting subjects, a single longitudinal incision between the lower parts of the sterno-cleido-mastoidei, and carried downwards over the first bone of the sternum, is quite sufficient for the introduction of the pipe into the arteria innominata.

And further on, in speaking of the operation on the internal iliac, remarks:—

If the operator is not *properly and thoroughly conversant with the parts, he is liable*, following the aspect of the iliac fascia as it is covering the *iliacus internus*, to get his hand insinuated between the psoas magnus and the iliacus internus; *I need scarcely say*, that he will never find the artery there, but he will be tearing the psoas magnus away from its lumbar vertebral connexions. I have seen many pupils commit this error in their first operations—take care to guide the hand fairly over the elevated bed of the psoas magnus, peeling away the peritoneum from the thin continuation of the iliac fascia covering it.—To make doubly sure—the operator by tracing his finger inwards along the external iliac artery, is conducted to the bifurcation of the common iliac, and from it he feels, by its pulsation, the internal iliac artery diving downwards into the pelvis.—There is not much danger of including the ureter, as it is *not* “in intimate connexion with this vessel.”—The fact is, it is intimately connected with the peritoneum, for it descends between two laminæ of the latter, viz., the external cellular lamina, posteriorly, and the true internal serous anteriorly; the same two laminæ between which the kidney, with its suet, is situated; whilst the ureter is only loosely connected, by very fine cellular tissue, to the sheath of the iliac vessels; so that upon pressing the peritoneum inwards away from the vessels, the ureter accompanies it, unless unnecessary injury be done to that membrane.—He must be a fool indeed, who includes “the external iliac vessels in the ligature.”—The only difference in the operation for placing a ligature upon the common iliac, would be to commence the incision a little higher than that just described—and the aorta may be tied by a similar mode of proceeding, between the inferior mesenteric and its division into the two common iliacs.—It has been proposed by Mr. HARRISON, to secure the internal iliac artery, by an incision upon a line that will extend from the centre of POUPART'S ligament, upwards and inwards, to the umbilicus. This, I conceive, will be incompatible with the anatomy of the parts to be cut through.

We shall see with pleasure a continuation of this series of original plates, and would strongly commend them to the attention not only of pupils, but of practitioners; more especially to those who have not ready access to the dissecting-room or the dead-house, for reference as to those anatomical points which constantly arise in surgical practice.

LLANDOVERY.—Has not *something particular* happened at Llandovery? We have heard that a principal personage in that town had met with an accident, and could not procure proper surgical assistance, in consequence of which he was miserably hacked about through some very antiquated Welch surgery. We have also heard that a good opening presents itself for an expert surgeon, for Taffy is very backward in that respect. With few exceptions, Taffy is under the care of “*Rural Quacks*,” and particularly “*Wise Women*.” That country, we regret to say, is still but half-civilized, and as Welch is generally spoken, it forms an obstacle to the settling of clever English practitioners in the principality, which is poor.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

SEPTEMBER 22.

Erectile Tumour of the Orbit, cured by Ligature of the Primitive Carotid.—M. GIMELLE presented a favourable report on a memoir of M. Jobert, on this subject. The tumour began to diminish on the 15th day only after the application of the ligature, yet was perfectly cured.—M. VELPEAU saw the patient of M. Jobert before, during, and after the operation, and considers the case to be remarkable in many respects. This gentleman, a few days after the operation of M. Jobert, operated on a patient who had erectile tumours in both orbits with this remarkable incident, that compression of one only of the carotids, viz., the right, stopped the pulsation in both tumours; he tied the *right* carotid, and strange to say the *left* tumour was alone cured; the right indeed ceased to pulsate for some time, but ultimately resumed its morbid state.—M. Jobert had made experiments on living animals with interesting results; the same experiments were repeated in presence of the committee. The reporter moved that the memoir of M. Jobert should be recommended to the committee of publications, and that M. Jobert's name should be officially inscribed on the list of candidates.—M. DUPUY reminded the meeting of this experiment on the ligature of the pneumogastric nerves, which throw light on this subject.

Spontaneous Softening of a Stone in the Bladder, by M. SEGALA.—Many cases of spontaneous *fragmentation* of calculi are on record, and the author himself has met with about ten examples, many of which are recorded in his *Essai sur la Gravelle et la Pierre*, but he is aware of no instance of well ascertained softening of the stone in the urinary bladder. The subject of this case, 60 years of age, had been operated 6 years ago, and two uric calculi had been extracted. The stone formed anew, and was discovered by the author to be voluminous and sonorous. Lithotripsy was performed, the stone was twice grasped but escaped, leaving upon the teeth of the forceps very small portions of its external surface, nor were any fragments discharged by the urine subsequent to the operation. The urine now became loaded with a puriform mucus. Its excretion became more and more painful and frequent, and it was thought advisable to extract the stone by cystotomy. Before this was finally determined, the urine flowed incontinently, the patient suffered intense pain, refused any removal of the lithotritic experiment, and urged the extraction of the offending body. This was effected by the incision above the pubis, but when the stone was grasped by the forceps it yielded to pressure, a principal part escaped, and the nucleus only came away with the instrument. Other forceps, aided by the *curette* and the finger, was employed to clear the bladder of the remainder. Thus a calculus which, in the first instance, was sufficiently hard to resist the *brise pierre* employed for breaking it up, was found eleven days subsequently softened into a paste at its outer surface.—What was the cause of this change? this is difficult to discover; all that is known is, that the calculus was composed of phosphate and of animal matter, as was proved by M. LECANU on analysis; that its softening co-existed with catarrhal inflammation of the bladder, which ceased almost immediately after the extraction, and that the patient, who was a martyr to intolerable pain, recovered perfect health in less than a month. It is possible that notwithstanding the phosphatic nature of the stone, an alkaline state of the urine which often accompanies inflamed bladder, and which was very manifest here, was no stranger to the result. There was in fact much animal matter in the foreign body, which seemed to the connecting substance of the saline constituents, and we know the solvent power of the ammonia on the vesical mucus, which probably is the element of the animal matter of this calculus.

ACADEMY OF SCIENCES, PARIS.

SEPTEMBER 22.

The effect of the Galvanic Current through the Wound of Inoculation from Rabies, in dissipating the symptoms of that disorder is very remarkable.—The author says, it is sufficient to establish an

electric current through the wound by means of a wire, communicating with one of the poles of the galvanic pile in action, the other extremity being in contact with another part of the animal, in order to remove the morbid symptoms. This experiment belongs to M. PRAVAZ. Many veterinary surgeons do not believe that herbivorous animals communicate the disease to others of the same class.

Production of Indigo.—M. JAUME ST. HILAIRE, on the 20th of August, cut the leaves and storks from the roots of polygonum tinctorium, which had been planted on the 29th of June. On the 20th of September, the stalks, two inches of which had been left out of the ground, sprouted anew, and produced as much leaves as the plants which had not been cut, so that a double harvest may be produced by this contrivance. An economy of 300 francs per hectare (two acres and a half), may be effected by putting the stalks and leaves together in the macerating tub, for extracting indigo. Hitherto the leaves were stripped off at the above-named cost. France, which is now tributary to India for her indigo, is making praiseworthy efforts to emancipate herself, by the establishment of indigenous manufactures, after the excellent mode of preparation given by Quesneville's *Revue Scientifique et Industrielle*.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Surgeon Anthony Yeoman, M.D., to the Pearl; Surgeon M'Arthur, M.D., to the Howe; Assistant-Surgeon Alexander Woodcock, (additional), to the Winchester.

ARMY.—Rifle Brigade—Assistant Surgeon Joshua Paynter, from the 60th Foot, to be Assistant-Surgeon.

HOSPITAL STAFF.—Staff-Surgeon William Dawson, M.D., to have the local rank of Deputy-Inspector-General of Hospitals, on a particular service, vice Franklin, whose appointment has been cancelled.

ADVERTISEMENTS.

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London: Whittaker and Co., Ave Maria-Lane.

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(From a Correspondent.)

IN respect to those public charities, the funds and property of almost all of which we believe to be grossly and infamously abused in several departments of each, by a set of men, who have got in to saddle themselves with large private incomes and thus live lives of luxury, magnificence, and appearance, at the expense of the poor, for whom those charities were originally endowed, we are again reminded by our respectable correspondent, that "Dr. James Blundell was ill-used by King (?) Harrison, in having Ashwell put in his chair." "Sketches of this kind (he continues) are interesting. I was told by a gentleman, who is staying in Cheltenham, and who was ten years a student at Guy's, that all the doctors and surgeons of Guy's are afraid of this HARRISON. He is a perfect tyrant over men in showing his *kingly* authority." (October 11th, 1840.)—Our information respecting Guy's Hospital is by no means perfect, but "an imperfect account is better than none at all."—We were pupils of the united hospitals of Guy's and St. Thomas's in 1820. After we returned from the University of Paris, in 1828, we revisited our old Alma, to see how the London hospitals kept pace with those of Paris.—Beddoes had insisted upon the far superior progress of medicine and surgery in France, after the destruction of the illiterate French Medical Corporations and University Schools in 1793, and the reorganization of those liberal institutions in 1803 and 1808, upon a new and superior basis. He pointed to the more diligent cultivation of morbid anatomy; the greater number of clinical lectures; the more zealous attention and activity of French hospital physicians and surgeons; the superior education of students in time, grade, and selection of studies: he contrasted them with the negligence, indolence, and backwardness of the London Schools; the apathy, inactivity, and irregularity of London hospital physicians and surgeons; the want of clinical lectures, the lazy attendance, and hurried, slovenly practice; and the poor and indifferent cultivation of morbid anatomy in London. He was heard, but not regarded; but his comparisons were correct; degeneracy, not improvement, was the order of the *ancienne regime* of the day. Ignorance, prejudice, abuses, and money, were at the helm, and omnipotent!—No answer to sloth and corruption, but the defiance of money, arrogance, and insolence. The Guy's hospital men, as we found in 1828, were at last beginning to move, at last beginning to do something, at last beginning to rouse from torpor and negligence. It had, about 1827-8, after the rupture with St. Thomas's, about sixty pupils, while St. Thomas's had only forty that year. Before the separation of these gemini, Castor and Pollux, morbid anatomy had been cultivated so slackly and indolently, that the number of preparations at Guy's in 1826, not classed nor arranged, amounted to 273. The Hospital Reports, it was stated to us, were kept in a brief and slovenly manner: they were then about to publish a catalogue '*Raisonné*' of the preparations, which we believe has been since executed by Dr. Hodgkin, and which we have glanced over. This book, then in M.S., con-

ained full reports of cases and post-mortem examinations. The preparations had now increased from since 1826, two years, to above 3000.—The number of beds in Guy's then amounted to 428; the patients annually to 2,400. The new dissecting-room and museum were now erected; wax preparations, about which we were instructed to make inquiries at Paris for certain friends, hospital surgeons in this country, had not before been introduced into England, though the art was so old on the continent, that Evelyn mentions a preparation of the nerves brought to England in his time, and noticed in his interesting 'Diary.' We saw a few wax preparations at Guy's which were said to be taken with remarkable accuracy by two English wax-modellers in London, who had acquired the art. Two models of the brain were shown to us, presenting vertical sections of the cerebrum and cerebellum, and praised as superior to Dupin's models of that organ, in the Rue de Cocq St. Honore. We saw also a model of the syphilitic pustule by Dupin, which they said was more correctly exhibited in three wax models by these English modellers, in the different stages of the disease, than by Dupin. Dupin's museum contained many models of the disease, as may be seen by reference to his printed catalogue. There were also models of the organs of hearing by the English and French artists. The English were of the colour of the plaster of Paris, and the membrana tympani was beautifully executed. Dupin's model of the ear, like this, in the museum of the School of Medicine, was taken from the human ear, seen through a glass, and immensely magnified. His greenish, shiny, and porous yellow appearance of the *dead* ear, was too closely and accurately imitated to form a model, intended to gratify the eye with the appearance of perfection. We were pleased to find that our own countrymen, these two English individuals, had so advanced as to be capable of doing anything in an art which, as we have hitherto understood, was confined to Italy and France. Two or three specimens were sufficient proofs of what could be done in competition with so great a master as the late M. Dupin.—At our old school, St. Thomas's, we found about 500 beds; and the number of Ins and Outs were computed at 10,000 *per annum*. The new dissecting-room of this hospital was said to be superior to that of Guy's. There were no side-windows, the room being roofed with skylights, and elevated; there were also a wooden floor, trellisses, and ordinary tables. It was superior to the upper salles at La Pitié, but inferior to the new salles at that hospital. But we have seen no dissecting-room equal to Professor Macartney's at Trinity College. There were rooms at St. Thomas's for hanging up bones, and making preparations, which adjoined the demonstrating theatre. The fireplace at St. Thomas's was more conveniently placed than at the anatomical salles of Paris, which are stone-floored and uncomfortable."—*Rough Notes at the Medical Schools of London, Paris, Edinburgh, and Dublin, from 1820-1 and 1827 to 1830.*

(To be continued.)

There was no Court for the examination of candidates at the College of Surgeons, on Friday, October 23.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

INJURIES OF THE HEAD (CONTINUED).—CONVULSIONS—ABSCESS OF THE BRAIN.—INJURIES OF THE SPINE AND SPINAL CHORD—SOFTENING OF THE SPINAL CHORD.—CURVATURE OF THE VERTEBRÆ; TREATMENT.

IN some instances, *convulsions* follow injuries of the head. Convulsions may take place where there is a wound of the head, from the direct irritation of the brain in consequence; or they may even occur where there is no wound, and where we might refer their occurrence to that indefinite, uncertain kind of injury which we have designated *concussion*. I should, however, observe to you, that formidable as the cases may appear when they assume either delirium or convulsions, such cases do well, in general, under the treatment I have already particularised. It sometimes happens, that symptoms of compression come on in cases of injury where there has been no external wound, or where there has been an external wound, without a fracture of the skull. I speak of a case in which the patient may have been stunned at the time, may have recovered from that immediate effect of the injury, and where the symptoms of compression have come on at a greater or less interval of time from the accident. The question is, whether in such a case it would be expedient to have recourse to the operation of trepanning, for the chance of relieving the patient, if the compression should be found to arise from extravasation of blood under the dura mater, between it and the surface of the brain. I have already mentioned to you, that the seat and particular nature of an injury to the brain, where it is produced by an accident to the head, are extremely uncertain. We have no decided symptoms which enable us to say, in a certain case, that a particular description of internal injury has taken place; we have no symptoms that will enable us to say that blood is extravasated, and that it is extravasated in this, that, or the other situation. In a case, therefore, where there is no particular wound, we are totally in want of the main circumstances to guide us in the application of the trephine. We may know, perhaps, that the patient has been struck, or that he has fallen on a certain part of the head, but we can by no means safely conclude either that extravasation of blood is the cause of the symptoms, or if it be, that the effusion has taken place immediately under that part of the bone which has been struck. To me, therefore, it seems that the perforation of the skull in such cases is not advisable. The nature of this case is too uncertain; the indication is really too precarious to induce us to undertake an operation of so serious a kind, an operation which, under other circumstances, would sometimes lead to fatal consequences. I have never myself, in any instance, thought fit to undertake this *exploratory* kind of trephining, and I have seen no ease in which it has been pursued with advantage. I do not think that I should, under any circumstances, trephine a patient so situated. At the same time there are such various circumstances attending the practice of medicine and surgery, that we cannot positively lay down any rule, and I would not therefore say, that it might not be expedient, in some particular cases, to make such a perforation as I have mentioned. I think if it was at all advisable under any circumstances, it would be where there was an accident happening towards the lower and anterior part of the parietal bone, where the trunk of the vessels ramifying in the dura mater is contained in a pretty deep groove, and where we know that occasionally considerable extravasations of blood take place between the cranium and that membrane.

ABSCESS OF THE BRAIN.

I have already had occasion to mention, that the opening of the dura mater, under any circumstances, is not likely to be attended with alleviation; and I should still less be inclined to imitate the example of some practitioners, who have sought to relieve patients even by opening abscesses of the brain itself. There are certain cases in which injury of the brain occasionally produces abscess of its substance, near the part at which the injury has been inflicted, and there are instances in which surgeons have endeavoured to relieve the patient by perforations such abscesses; but if the perforation of the skull for letting out blood extravasated under it is very little likely to be attended with success, of course opening the brain itself, to let out matter formed in it, is still less likely to be advantageous.—The effects I have now mentioned, are the primary consequences of the injury. The injury will lead more remotely to other effects,—to inflammation of the dura mater, to inflammation of the membrane immediately investing the brain, or to inflammation of the brain itself, these affections coming on at some intervals of time after the accident; the inflammation of the dura mater in a week or ten days afterwards, and the inflammation of the membrane immediately covering the brain, or of the brain itself, at an interval of some weeks, or even possibly of some months. If we were to judge from the writings of Mr. Pott, we should suppose inflammation of the dura mater proceeding to suppuration, to the formation of matter between the bone and the membrane, to be a very common consequence of blows of the head. He describes these occurrences minutely, and gives numerous cases with instances in which he found it necessary to perforate the cranium, in order to evacuate the matter thus formed on the external surface of the dura mater, and did so successfully. If I were to speak to you on this subject according to my own experience, I should say that such inflammation of the dura mater, and suppuration between the skull and that membrane, were very rare. Mr. Pott mentions one particular circumstance as characterising this inflammation of the dura mater, that is,—in the case of a wound,—a change in the condition of the wound, which loses its healthy state, becomes flabby, exudes an unhealthy discharge, and becomes inflamed at its edges. If there be no wound, a puffy tumour of the scalp arises over the situation of the injury, being produced in consequence of a detachment of the pericranium of the skull on the external surface opposite where the detachment of the dura mater and suppuration has taken place on the inside. Pain comes on in the head, a flushed state, feverishness, quick and hard pulse; and, before the formation of the matter, the patient generally has shiverings, rigors; at a more remote period of time, symptoms indicating an affection of the head of a more or less serious kind, showing that the brain or its membranes are suffering; that is, symptoms connected with deficiency of voluntary motion and sensation. But Mr. Pott considers this puffy tumour of the scalp, as the circumstance that particularly points out the nature of the affection. The pain and the unfavourable symptoms which mark the commencement of inflammation in a case of this kind, naturally lead to the employment of venesection and other antiphlogistic means; and if they do not relieve the patient; if they do not put a stop to the inflammation, and prevent the formation of matter; if suppuration occur on the surface of the dura mater, and if the detachment of that membrane from the bone be followed by a separation of the pericranium, and by the formation of the circumscribed tumour of the scalp; Mr. Pott then says, you should cut down upon the part, and perforate the denuded portion of the cranium, in order to give issue to the matter. I do not recollect that I have seen any instance in which matter has been formed upon the surface of the brain under these circumstances; and I suppose, therefore, that the occurrence now-a-days is much less frequent than when Mr. Pott was practising. Should the combination of symptoms occur which he has pointed out, I think it would be well to let out the matter, for undoubtedly, if suppuration take place on the external surface of the dura mater, there can be no

outlet for it unless through the skull; and if it be not evacuated in this way, it is likely to extend over the dura mater, and lead to inflammation of the brain itself.—When in the case of injury to the head the antiphlogistic treatment I have had occasion to recommend has been neglected in the first instance—when the patient has returned at too early a period to his ordinary occupations, whether bodily or mental—when he has imprudently taken exercise, and exposed himself too soon to those various causes which excite inflammation, and when he has not observed due precaution with respect to diet, it will happen in the end, that the membrane surrounding the brain, or the brain itself, or both, will take on inflammation and suppuration, this being indicated by pain and heat in the head, and a flushed countenance, sometimes by convulsions and delirium, and sometimes by symptoms of a more serious kind, which are to be referred to the state of the sensations and voluntary powers; these symptoms, as they proceed, assume a more serious character, having the form of coma, paralysis, and complete insensibility. These circumstances indicate inflammation of the brain or of its membranes. Sometimes two distinct kinds of case are detailed—an inflammation of the membrane which lines the dura mater, and which covers the brain externally—the arachnoid coat, under the name of *arachnitis*, and inflammation of the brain under the name of *encephalitis*. I do not think you would be able in general to distinguish very clearly between these two affections, for I doubt whether they are distinguishable. The arachnoid coat cannot be distinguished, as far as disease goes, from the *pia mater* with which it is almost identified. Then what is the *pia mater*? It consists of the blood-vessels belonging to the brain, which have a peculiar arrangement on the brain, in consequence of the construction of that organ, and which, instead of passing directly into it, ramifying throughout it as in the other parts of the body, in the first place spread over its surface, and then enter it at all parts, extending in minute ramifications; so that to say that the brain can be inflamed without this expanded ramification of blood-vessels (which constitute the *pia mater*), is to say that an organ can be inflamed independently of its blood-vessels. I rather think, that for all purposes of medical treatment, we may put cases of *arachnitis* and inflammation of the brain together. We shall find where there is inflammation of the brain, that the vessels immediately supplying the brain are the seat of vascular disturbance, and that when these are the seat of inflammation, the brain itself is not free from it. The occurrence of these symptoms will lead us to the employment of the most active antiphlogistic means; and here you must take blood from the arm very freely, repeating the operation until these symptoms are completely put a stop to. I have already mentioned, that bleeding is not a remedy for concussion; that concussion produces an effect on the sentient and voluntary powers, which will last for a certain time, the removal of which cannot be accelerated by any measures; so that though bleeding is necessary in concussion, as soon as reaction takes place, yet you are not to go on with it; but symptoms arise which show that inflammation of the brain and its membranes has taken place; in addition to the local circumstances, you will be guided in a great measure by the heat of the head and the condition of the pulse. Under these circumstances, then, you must resort to the lancet, and other means of abstracting blood, very freely, and you must repeat these until you completely remove such symptoms. Here you are frequently obliged to carry the loss of blood to a very great extent, and it is, really, only by the very active employment of antiphlogistic means that you can stop these symptoms in serious cases. The active prosecution of this treatment is equally necessary to prevent some of those serious effects which would ensue if not prevented. Loss of sensation, paralysis, impaired state of the various mental powers—these are effects that will be produced, if the inflammation be allowed to proceed unchecked.

INJURIES OF THE SPINE AND SPINAL CHORD.

The spinal chord, gentlemen, with the membranes covering it, and the bony canal which contains it,

are very analogous in structure to the contents of the cranium and the skull which protect them; and there is a corresponding analogy between the diseases and their effects in the two cases.

Compression and Concussion.—The spinal chord is liable to *compression* and *concussion*. I have already had occasion to mention to you, in speaking of accidents—of fractures and dislocations of the vertebral column, that the danger of those accidents consists in the compression of the spinal chord, which the broken or displaced spine produces; an injury which, in one respect, is more serious even than compression of the brain, because sensation and the voluntary motion of all parts situated below the seat of an injury, are interrupted by it. Now the spinal chord is also subject to concussion, and the effect of that is to impair sensation and voluntary motion, either of the parts which receive their supply of nerves from the region of the chord which is the immediate seat of injury, or of all parts which are situated below it. The spinal chord is much more completely covered externally than the brain; that is, the bony and muscular coverings that surround it are much thicker, so that concussion of the spinal chord is by no means so common as concussion of the brain; yet it is by no means rare. Some time ago, a person was brought into the hospital under my care, who, I think, in consequence of an alarm of fire, jumped out of a window and fell somewhere between twelve and twenty feet. He came to the ground on his feet, fell forwards, and was rendered insensible; he was taken up and carried into the house again, where he remained unconscious for some hours; on recovering his senses he found that he was totally unable to move his lower limbs; they were completely paralysed. He said that he felt a good deal of pain in the back, which shot thence along the thighs and legs to the feet; but although he was sensible of the pain, the power of sensation in the limbs was somewhat impaired, though not very considerably. He came to the hospital, I think, between a fortnight and three weeks after the accident, and at that time laboured under almost complete paralysis of each lower extremity. He was totally unable to raise either of them from the bed by any voluntary effort; but if one of his limbs was bent up for him, he would, after a great deal of time and trouble, contrive to get it down again. Sensation was perfect at this time, and he had complete power over the muscular coat of the bladder and the sphincter of the rectum; those parts were not at all affected. Upon inquiring very particularly of him, and of those who knew the circumstances, it appeared clearly that he came upon his feet, and that he did not even fall backward, so that the injury of the spinal chord must have been produced, somehow or other, by the fall on the feet; there was no direct violence offered to it. His back was carefully examined, but no appearance of injury was present, no irregularity, nothing to afford reason for supposing that the vertebral column had been at all hurt. He remained in bed, and some slight measures were had recourse to; they were only slight, however, as it was desirable to see what effect would be produced towards restoration of the parts affected, by the natural recovery of the spinal chord. Yet at the end of six or seven weeks, he appeared to have made no material progress towards recovery, and I had a couple of moxæ placed at the upper region of the spine; from these he derived great benefit. I had a couple more soon afterwards placed a little further down, from which he derived still further benefit. In about three or four months from the occurrence of the injury, he had recovered power over the muscles of the extremities pretty completely, was sufficiently well to walk about the hospital with a stick, and was soon able to go out of it. I saw him two or three times afterwards, and I think it may be said, that within three or four months the recovery had become complete. About the same time another patient was brought into the hospital, who had received a severe blow about the lower part of the neck and upper part of the back. In this case there was no perceptible irregularity about the vertebral column; there was not so serious an injury as that; yet the accident was attended with nearly complete paralysis of the two upper extremities, sensation being

also impaired at the same time; the patient often experienced severe pain in one of them, and, if I do not mistake, in both, but that pain was rather referable to the muscles than the integuments; and on one occasion he for a short time lost the power of expelling his urine, which it became necessary to draw off with a catheter; yet there was no paralytic affection below the seat of the accident. This individual recovered complete voluntary power over the muscles of the upper extremities in the course of ten weeks. Baron Boyer, in his Treatise on Surgical Diseases, gives two or three instances of fatal results from accidents of this kind. He mentions one case in which paralysis of the lower extremities, of the muscular coat of the bladder, and of the sphincter ani, came on in consequence of an injury of the lumbar region of the spine. The patient died at no great distance of time from the occurrence of the injury. No fracture of the column was distinguishable, nor any visible derangement of the spinal chord. He mentions another instance of a person who was exhibiting feats of strength and activity, when on making some particular motion, he felt a kind of sprain take place in the back, and was unable to proceed. Paralysis of the sphincter ani came on, and he soon afterwards died. No change from the natural state of the chord or vertebral column was discovered. In another instance of sprain of the spinal chord in the lumbar region, which terminated fatally in a few days, no effusion into the spinal canal to a considerable extent above the seat of injury, as high as the upper part of the back, was discovered.

SOFTENING OF THE SPINAL CHORD.

The spinal cord is liable to disease, to inflammation, and to a change in its consistence; such is sometimes found to take place in the brain—a softening of its substance—the *ramollissement* of the French. This is a change which may be the consequence of injury—of some of those injuries causing concussion of the spinal chord. It will lead, of course, whether the result of accident or original disease, to the paralysis of the lower half of the body, to the state that has been technically called *paraplegia*, which means paralysis of the lower half of the body; *hemiplegia* means paralysis of the lateral half of the body.—It must be, of course, very difficult indeed, almost impossible in the living state, to determine what is the precise cause of the symptoms in affections of this kind; we hardly therefore know the real disease in these cases, until it is too late to administer a remedy. We can only, therefore, conduct the treatment on general principles. You are not however to infer, in all cases of paraplegia—that is, of paralysis of the lower half of the body, and where you have paralysis of the sphincter ani and detrusor urinæ, that there is serious injury of the spinal chord. There are instances in which this paralytic state arises from a condition of the spinal chord sympathetically with, and produced by, a disorder or disturbance of some kind in the digestive organs. I have seen several instances of paraplegia, not only in children, but even in the adult, the occurrence of which could not be explained by the supposition of any disease in the bony covering of the spinal chord acting on the spine itself, and where, by paying close attention to the stomach and bowels, and principally by the employment of, and steady perseverance in, the use of active aperient medicines, the symptoms of paraplegia have entirely disappeared. This is a circumstance, in doubtful cases, to which it is always necessary to attend. There are some instances of paraplegia, in which the disease seems to derive its origin from a disturbance of the brain, and where, of course, the means of treatment must be directed to the state of that organ.—There are two kinds of affection of the vertebral column, of which it is necessary for me to say a few words, although they are merely evidences of the existence of diseases in the bones, of which I have already had occasion to speak.

CURVATURE OF THE VERTEBRAL COLUMN FROM UNNATURAL SOFTENING OF THE VERTEBRÆ.

In the first place, the vertebral column sometimes deviates from its naturally upright figure, in consequence of an unnaturally soft condition of the

bony matter which enters into its composition. The vertebral column altogether is unnaturally soft and weak in its composition, and it therefore gives way; it bends under the weight of the parts it has to support. The disease, therefore, as far as the softness of the bones goes, is probably the same as, or at all events nearly similar to, that which I have had occasion to describe under the term *rachitis*. You are, of course, aware that the vertebral column sustains entirely the weight of the head, and that the upper extremities also are in a great measure supported by it. A certain degree of resistance, therefore, is necessary in the fabric of the column, to enable it to uphold the weight it is destined to sustain. If it do not support the incumbent parts, if the bones be preternaturally soft, the column will bend beneath the weight; instead of remaining straight, it will become curved or crooked. The change in this state is not attended with anything like a condition of inflammation. There is no disorganisation of the bony structure at any part; it is merely a change in which the solidity, the power of resistance of the bony tissue, is diminished. If you look at the external configuration of the bones of the vertebral column under these circumstances, they appear to be perfect. The vertebræ however, if this affection go on, become considerably changed in figure; for you will immediately observe, that when a curve of this kind is made in the spine, the edges of the vertebræ, in the concavity of the curve, must be much narrower than those on the convexity; and the difference is so great, that the edges of the vertebræ on the convexity will be sometimes twice or three times as deep as the edges of the vertebræ in the concavity. This configuration of the vertebræ also affects all other parts connected with them, particularly the ribs; so that the change of configuration of those parts is owing to a particular affection of the vertebræ. In some cases the change is so great, that the bodies of the vertebræ are in contact with the angles of the ribs, and of course there is then a very considerable alteration in the situation of the parts contained within the cavity of the chest.—Now, when the vertebræ bend in this way, you never find a single turn only in the vertebral column. If the vertebræ were weakened in the loins so that the column would bend towards the right side, that must necessarily be followed by a bending of the spine higher up towards the left side, in order to preserve the line of gravity of the body. If the vertebral column were to bend altogether towards the right side, the weight of the head and upper parts of the body could not be supported at all. Thus one curvature in the bones of the spine necessarily induces a deviation in another part. You sometimes find that you have two, three, or more of those curves. The effect of one compensates for the other, so that however great the curvatures may be, the weight of the upper part of the body still falls upon the pelvis and lower extremities.—The curvature which takes place in consequence of this condition of the spinal column is on one side, and is commonly called the *lateral curvature* of the spine, from the circumstance that the incurvations are all of them towards the side; so that sometimes the spine exhibits, under these circumstances, very much the form of the letter S, instead of the natural upright appearance. This is an affection which takes place in young persons. It occurs during the period that the body is growing, and at the time of puberty; when the frame acquires its full strength and solidity, the bones become firm and strong; they lose their softened or rickety state; they are however not natural in their form, and consequently the figure remains permanently deformed. This is not incompatible with the existence of considerable vigour and general strength of body in other respects after the individual has passed the age of puberty; so that you sometimes find a very singular contrast between the incurvations, the consequent shortening, the dreadful deformity of the trunk of the body, and the natural length, size, and full vigour of the limbs. In an individual thus deformed, the limbs may be of their regular length and full size. The subjects of this deformity are generally those who are naturally of a weak constitution, and in whom a serofulous disposition is often obvious. This natural disposition to deformity

in the spinal column is increased by sedentary occupations, by the neglect of exercise, and by any of those circumstances which act unfavourably on the general system during the period of the growth of the body.—*Treatment*: The natural remedy for this affection consists in placing the patient under those circumstances that are most favourable to the recovery of general health and strength. But the efficacy of the treatment will depend a good deal upon the time at which we have the opportunity of instituting it. If we see a case of this kind when the deviation from the straight form of the spinal column is just beginning, or when it has only a little advanced, we may be enabled, by adopting the general management I shall mention, to put a stop to the general affection; but if we do not see the ease until deformity has considerably advanced, and more particularly if not until the frame has acquired its settled form at the age of puberty, we have no means of remedying it. You will easily understand that you cannot alter the configuration of the bony structure when the bones have obtained their hardened state. The great object then will be to strengthen the constitution, and place the patient in good air. He should exercise the frame, and employ all the means of calling into action the muscles of the body. There are various modes by which this may be accomplished, and it is often necessary for us to point out means of this kind in cases about which we are consulted, the cases being frequently those of young females; for I should observe to you, that this deformity is much more common in the female than in the male, in consequence, I fancy, of the greater care which is taken to preserve an upright figure in the female, that care being, in general, not of a very judicious kind. The truth is, that the preservation of the proper figure of the human frame does not require any great attention on our part; that is pretty well secured by nature; and if we do nothing in the case of children that is calculated to diminish the strength generally, or lead to deformity, nature, I believe, will take sufficient care that the body grows up without deformity. Boys, therefore, who are allowed to take exercise, to be a good deal out in the open air, to exert their limbs and muscles, thus acquire a hardness of frame; but girls being kept much more within doors, not being allowed to engage in the active pursuits to which boys are accustomed, being confined a great deal to sedentary occupations in the course of their education, in reading, music, drawing, needlework, and so forth, become habituated to a state in which this incurvation will take place. In this case you must allow the physical education, therefore, of girls to be very much like that of boys; you must allow them to engage in the more active sports and exercises which will enable them to bring into full action all the muscles of the body to invigorate the system as much as possible. With respect to young girls, there are various modes by which this may be accomplished, in addition to the sports in which children will naturally engage. There is jumping with the rope, the use of dumb-bells, turning the wheel, and carrying a weight upon the head. This latter exercise has been resorted to as a remedy for deformity of the spine, and it is not an injudicious one. Carrying a bag of sand, for instance, and supporting it with the hand upon the head while walking about, greatly increases the natural weight which the spinal column has to support, and induces such an exertion of the muscles of the spine as keeps the head properly balanced, and has a very good effect. It is worth while also to pay a good deal of attention to the state of the skin; warm and tepid bathings are advantageous, and in the warm season of the year, when the latter is not so much used, cold bathing is very beneficial. I need not enter upon a consideration of what else is proper in cases of this kind, as the principles I have already explained are applicable to them and I can only say, as to medicine, that nothing more is required than the mere regulation of the bowels, if they require it.—The general plan of treatment, therefore, will be to strengthen the frame generally, and by this we shall expect to remove slight deformity, if it have already begun, or to prevent the progress of that deformity, by those means, and not by any local measures directed to

the state of the spine.—It may be a question, how far our object can be assisted by the employment of machinery, or any means which are calculated to remove from the spine the weight of the head and upper extremities, for such means have been devised; instruments resting upon the pelvis, with a steel or iron band going round the body as a support, with a perpendicular stem rising up and curving over the head, so that the head can be suspended from above, have been recommended. Other means also are adopted to support the head and shoulders, but we should consider, in these cases, that the skeleton is really too weak for the support of those parts which it has naturally to sustain, and is very ill calculated to uphold the additional burden of cumbrous machinery. On the whole, therefore, I am not at all inclined to resort to measures of this kind. When the affection is incipient, when it has not made much progress, I am confident, from repeated experience, that the general means I have pointed out will be sufficient, and are much the best calculated to prevent the progress of the affection, without any assistance from machinery. If the disease have proceeded further, machinery really will not help us; it will not at all remove the effects that have been produced. We may, however, in conjunction with the general treatment that I have pointed out, advantageously take off from the spinal column, during a certain period of the day, the weight of the trunk and upper extremities, by adopting the horizontal position. It will be well for the patient to lie upon a couch, or sofa, for two, three, or four hours during the day, this recumbency taking place at different intervals between the exercises I have mentioned; and if the young subjects exert themselves pretty actively, they will not be disinclined to lie down for awhile. It is by no means necessary that patients should lie on an inclined plane, or board, which is often used for this purpose; an ordinary sofa, or couch, will answer the purpose very well. I shall mention further, that until the symptoms which indicate this deformity are stopped, and the frame has completely recovered, those parts of education which require close and sedentary attention should in a great measure be suspended; indeed, until this object is accomplished, the strengthening of the body should be the chief object in view; the branches of education which require confinement and exertion of the mind, should be, in a great measure, postponed until the more important physical point is secured. The pursuits of young girls, the nature of their education, their attention to needlework, drawing, music, and many other of those accomplishments which they have to acquire, keep them constantly within doors, and in a sitting posture; and I imagine it is particularly to that circumstance, and the neglect of engaging in the more active sports, that the greater number of spinal deformities, as compared with those found in the male, is to be ascribed.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 17th October, 1840:—

Epidemic, endemic, and contagious diseases	142
Diseases of the brain, nerves, and senses	137
Diseases of the lungs, and other organs of respiration	277
Diseases of the heart and blood-vessels	25
Diseases of the stomach, liver, and other organs of digestion	63
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	99
Old age, or natural decay	69
Violent deaths	22
Causes not specified	9

Deaths from all causes..... 864

YOUNG SURGEON ON SHIPBOARD.—CHAP. IV.

By A. GRANT, M.R.C.S., &c.

THERE occurred in May a severe case of tropical dysentery, and as it is a good example of this disease, I shall give a short history of it. The patient was a strong and stout man, aged twenty-six years; the complaint began with severe diarrhoea, which seized him during the night. When I first saw him the tongue was white, and the pulse much excited; he had castor oil \mathfrak{z} j, with tinctura opii x gtt. in aq. menth. piper. \mathfrak{z} jss. This operated freely, but the pain increased and extended towards the chest. He had at bedtime a strong anodyne, with tincture of catechu. This was upon the 15th, and on the 16th, the report is—"Felt rather easier during the night, but became worse towards morning"—complains much of pain in the umbilical region, where there is slight tenderness on pressure; stools are scanty, consisting of mucus, and at times almost wholly of blood;—he strains much, and is almost constantly on the bucket; pulse eighty-five, tongue excited, great prostration of strength.

R. Calomelan. \mathfrak{z} jss.

Gummi opii \mathfrak{z} j.

Extr. Gentian. q. s. ut fiat
massa in pilulas xii dividenda,
st. 1 quarta quaque hora.

17th. Passed a good night, but towards morning had several stools, much straining and pain round about umbilicus; stools mucous and bloody, pulse moderate, tongue white.

Cont. pilulæ et si opus sit,

Sumat Calomelanos \mathfrak{z} j hora somni.

18th. Took the colomel, and passed a very bad night, having been six or seven times at stool; pain now felt in hypogastric and right hypochondriac regions. Pulse excited; complains of soreness of mouth.

R. Sulphat. Magnes. \mathfrak{z} ij.

Tinct. Opii gtt. xxxv.

Aquæ — \mathfrak{z} ij, ft. haust. statim
sumendus.

Omitt. pilulæ.

12 Noon. Passed large quantities of mucous streaked with blood, and afterwards had a scanty stercoraceous stool. At 4 p.m. had an enema of gruel, containing tincture of opium and castor oil—this he expressed as very soothing.

10 P.M. Feels relieved and inclined to sleep; pulse seventy, and rather feeble; skin hot and dry. Has no pain when he lies at rest, but abdomen is tender on pressure in hypogastric and iliac regions.

R. Tinct. Opii gtt. xxxv.

Spt. Æther. Nit. \mathfrak{z} i.

Aquæ — \mathfrak{z} jss. ft. haustus statim
sumendus.

17th. Passed a quiet night; had one stool, which is of a dark green colour, containing some mucus but no blood; pain on pressure less; mouth decidedly affected.—2 P.M. Has had three stools, containing blood and mucus, and attended with severe tenesmus. Had an enema as yesterday, followed by ten grs. of Dover's powder.—10 P.M. Retained enema for two hours, and has been at ease since; perspired freely from powder.

R. Mass. Pilul. Hydrarg. grs. v.

Gum. Opii. — grs. ij.

M. et divide in pilul. ij., statim sumendus.

20th. Passed a very comfortable night; no stool since yesterday afternoon; complains much of soreness of mouth; tongue swollen; slight pain on pressure in left iliac region. Pulse 90.

R. Sulphat. Magnes. \mathfrak{z} ss.

Tinct. Opii. — \mathfrak{z} ss.

Acid. Sulphur. gtt. v.

Aquæ q. s. ut fiat haustus stat. sumend.

9 P.M. Had several stools from medicine. They are of a dark green colour, and foetid odour, but contain no blood. Feels easy and inclined to sleep.

R. Pulv. Doveri, grs. xv.

21st. Passed a quiet night; complains most of pain in mouth and face. Bowels not moved since yesterday. Hemorrhoidal tumours have appeared around verge of anus.

R. Haust. Sulph. Mag. ut. antea.

R. Unguent. Cetaceæ, \mathfrak{z} j.

ad tumores bis in die applicand.

10 P.M. Has had several healthy liquid stools from medicine. No pain in abdomen; pulse natural; mouth still very sore.

R. Pulv. Doveri, grs. xv.

22nd. Complains only of his mouth; cheeks swollen, and mucous membrane covered with small circular ulcers.

Gargaris. Alum. sæpe utenda.

23rd. Had three stools yesterday without the assistance of medicine; slept none from pain of mouth and gums.

R. Haust. Magnes. Sulph. ut. antea.

24th. Bowels freely opened; complains still of soreness of mouth, and of a distressing sensation at verge of anus, caused by the hemorrhoids.

25th. Continues to improve; allowed a pint of porter per day.

R. Pulv. Gakæ, \mathfrak{z} j.

Unguent. Simplic. \mathfrak{z} ij.

Pulv. Opii. — \mathfrak{z} j. M. ut. ft.

unguent. ad. anum. applicandum pro
re nata.

26th. Mouth much better, and hemorrhoidal tumours less painful; complains of some uneasy feelings in his bowels.

R. Ol. Ricini, \mathfrak{z} i.

Tinct. Opii. — gtt. x.

In Aqua. Menth. Piper. st. sumend.

27th. Continues to improve; bowels were freely opened, and uneasy feelings in abdomen have disappeared.

1st July. Is now quite well, having very rapidly regained his strength. The ulcers upon the mucous membrane of the mouth have healed up under the application of a pencil of nitrate of silver.—3rd. Discharged.

Previous to the occurrence of this case, I had been carefully studying the works of Dr. James Johnstone and of Mr. Annesly upon the diseases of tropical climates, and although I was convinced of the correctness of the latter gentleman's views respecting the action of large doses of calomel, still I felt somewhat afraid to carry his bold practice into effect. I therefore preferred giving the calomel in small and repeated doses, until the case assumed an urgency, before which all my scruples gave way. The effects that followed a large dose were not such as I had anticipated. The patient passed a bad night, and the pain was increased, but the mouth had become affected; here at least no sedative operation showed itself. The saline purgative which he had on the following morning brought away large quantities of thick tenacious mucus, and after this he had a scanty stercoraceous stool, the first evidence of the diseased surfaces assuming a healthy action, and which may with justice be placed to the account of the specific effects of the mercury.

I would here caution the young practitioner against the indiscriminate adoption of the practice so strongly recommended by the authorities just referred to, and that caution is I think more necessary to those acting on board ship. I think it will be found that dysentery rarely assumes at sea that virulency which marks its progress on shore. This is only what we would be led *a priori* to expect; for in the one case the patient has generally the advantages

of a pure air to breathe in, while in the other he continues exposed to a powerfully exciting cause of the disease—a vitiated condition of the atmosphere surrounding him. In the case just now given, there can be little doubt but recovery was expedited by a full dose of calomel, and that the patient suffered less from the effects of the medicine, than he would have done from a continuance of the disease under a less vigorous mode of treatment. In such cases, therefore, the practice is to be recommended, for the patient is sensible of his dangerous situation, and so that he recovers cares little about the means which have brought that about, or the unpleasant effects which may follow them. It is the abuse of this most valuable medicine which has brought it into disrepute; by using it largely in a case of no great urgency, a prejudice is raised in the mind of the patient that he has been subjected to a very violent remedy for the cure of a complaint of a slight nature, and where it might have been dispensed with.—The next case is one of scald, rather a rare accident on board ship. This man had slipped his footing and fallen backwards into a large copper filled with hot water. The whole cuticle of the back, from the spines of the scapulæ to the sacrum, was almost entirely destroyed. He had slight collapse, followed by rather sharp reaction, which required the use of saline purgatives and anodynes to allay the pain. To the vesication there succeeded in places a profuse purulent discharge: the treatment was such as is usual in these cases—liniment of lime-water and oil, solution of nitrate of silver, &c., &c. Dressings of fine-carded cotton did not at all suit; unless in cases of simple vesication this excellent remedy is inapplicable in a tropical climate, for when the textures under the cuticle are injured, the discharge is so profuse, and becomes so soon vitiated, that even the assiduous application of the chloride of lime solution fails to repress the putrid exhalations. The other entries during these two months consisted of slight bilious attacks, diarrhœa from errors of diet, or checked perspiration, and a few cases of boils affecting the glands in the arm-pit, neck, and other parts of the body. These may have arisen from the salt diet, or heat, probably both conjoined. They are best cured by opening them as soon as pus has formed; and as they often contain sloughy cellular membrane, a crucial incision may be required, and the application thereafter of some stimulant ointment, as that of the peroxide of mercury, which I have found to answer well. Let the patient have a saline draught every alternate day, and a change of diet, with perhaps an allowance of wine, until his general health becomes re-established.

MEDICAL REFORM.

[We give the remainder of a communication from a popular physician of talent at Liverpool, whom we quoted on 'Medical Clubs,' in our 56th Number. His very first sentence justifies our remarks on hewers of wood and drawers of water. It would be just so, and *better so*.]

Now look round you will see many such, and if these men were *not surgeons*, they would be *grocers or linendrapers, &c.* Now, let us suppose a very poor woman has a little child with colic or constipation, or cough; she goes to a druggist, she cannot afford to give 1s. 6d. or 3s. to a doctor; she wants a prescription for 2d. or 3d. in her own bottle or a tea-cup, and she gets it sufficiently good and generally answering. The druggist is a very useful man, and very necessary, and supplies a want in society; he would be a very valuable member *if he could be made to read*, and with *some few restrictions*. He could be *made to read* by allowing

none to sell drugs who were *not acquainted* with *all* their properties; no forced education, no fees, merely an examination, and to such as proved themselves qualified, a certificate! If none were allowed to style themselves apothecaries, or druggists, except those who had undergone the examination, they would be, *for the poor*, a very valuable class of men; they might be restricted from *visiting* patients. But besides these two, both very useful in their way, there ought to be a **FIRST CLASS**, and for this society has seen the necessity, and it does actually exist. If a man in the country anywhere were told, that he must lose his leg or his testis, he is seldom so great a fool as to part with one or other without consulting some surgeon of eminence, who has made the rarer or more difficult diseases an object of study, of exclusive study, and who besides has had opportunities. What man would *allow his eyes* to be *operated on by a general practitioner*, who knew what he was about, and could help it? I once thought there ought to be two classes in the profession, doctors and apothecaries, one to prescribe the other to compound; but this view I took, considering abstractedly only the advantages, and without reference to the actual wants of society. Let us suppose, that a society had to employ a physician, and an apothecary or druggist—suppose they managed to remunerate the physician, how must the druggist be paid?—If he contracted so much a head, the physician might almost ruin him; on the other plan, the drugs would be too dear; but perhaps you will say to me, what would you do? If I had full power, I would have three classes in the profession,—to wit, Doctors (medicine or surgery), general practitioners, and apothecaries (?) or druggists.

The APOTHECARY or DRUGGIST should practise on any body, or any case in his own shop, which I would not allow him to leave under a penalty of £50. No man should style himself APOTHECARY not being one, under penalty of £50 a week. The general practitioner should practise, as he does now, *everything*, but he should be discountenanced as much as possible from doing the great operations of surgery; should be ineligible to the office of surgeon to public hospitals, prisons, &c., &c. These offices ought to be filled by doctors of surgery only! Operating surgery, and the knowledge of diseases requiring operation, are not to be learned in a day; it requires a long course of study of dissection, and of operations on the dead body. Then, the best fitted by nature and education will have a number of blunders to make on the living. Humanity shrinks from the contemplation of the sufferings inflicted on society, by every tyro trying to distinguish himself as an operator. One operating surgeon would be quite enough for every 150,000 persons.—On the necessity for doctors of medicine, I need say nothing! The profession has always felt the necessity of the division of *labour*, and the man who has a desire to excel, has always lopped off all occupations, such as attending of women in labour, compounding of medicines, setting of fractures, surgical operations, &c., &c.; and the public have always rightly judged, that the man, who has devoted all his time and his energies to some diseases in particular in his profession, knows those diseases better than if he had given them only a portion of his time and attention. Now I will give you my remedy for the crowded profession; the fault does not so much lie in the *division* of the labour, as in the *number* of labourers. My plan would be this: there should be three licensing bodies, one for England, one for Ireland, and one for Scotland. Each country should examine for itself, and **ITSELF ONLY**; *it would soon cease to be a race of lowest qualifications*. Each licensing body or faculty

might be divided into three parts, one for doctors, one for generals, and another for druggists: it might be chosen from the whole profession, but none of its *members ought to be teachers*. The pay of its members ought to be fixed, not dependent on passing members, or granting degrees. These bodies might fix the course of studies; it would be their duty to supply the public with a good article, and that not in excess. I repeat again, let each country examine for *itself*, and *itself only*, and then all will be right.

[*Remarks of our Correspondent.*—I think we should judge of the details of reform by our neighbours as well as by ourselves. I think that the physician, surgeon, and general practitioner should be one and *the same man*. If a man chooses to practise as a **PURE** physician, let him have the four or five years education, and if he take the diploma in medicine only, have six extra months internal pathology, and an examination; if he chooses to be surgeon as well, take six months also extra in external pathology and examination. This makes him both surgeon and physician, indeed, a real well-educated practitioner, if he has any *natural genius* for the profession. In thin and poor populations, he can have a licence to compound his own medicines, which makes him a general *complete*. As to any other general practitioners or apothecaries, we do not want them. Both in England, they and the *Officiers de Sante*, in France, have done mischief enough, and degraded the profession by bad education and low moral feeling. We want next the retail-druggists, who are practising behind their counters, and some of them riding over all the country, compelled to submit to the same education as that much more respectable and scientific person, the French *pharmacien*. The **GENERAL PRACTISER** is ancient, but as Professor Gregory says, "if a man will profess all the divisions, he ought to acquire the *qualifications* of all, and not be permitted to usurp every branch by an ignorant routinist, and a contemptible empyric, who bleeds, blisters, and gives mercury for all diseases."]

STATE OF IRISH MEDICAL CHARITIES.—A meeting has been held to take into consideration the reduced state of the funds of the Wexford Fever Hospital. The finances are in a wretchedly low state, the only funds of the hospital at present being £2 8s. 9d., and if the outstanding debts were duly met, still the establishment would be over £100 in debt. This is a lamentable state of things; fever is on the increase, and the applications for admittance incessant. The following is the list of patients and subscribers from each district from January last, submitted to the meeting on Monday; the disproportion between both is great indeed:—Taghmon, fifty patients, four subscribers.—Glynn, sixty-five patients, three subscribers.—Bathangan, forty-five patients, two subscribers.—Piercestown, twenty-eight patients, five subscribers.—Tagoat, fifteen patients, two subscribers.—Mayglass, fifteen patients, two subscribers.—Kilmore, thirteen patients, one subscriber.—Bannow and Ballymitty, twenty-two patients, no subscriber.—Crossabeg and Kyle, eleven patients, one subscriber.—The above ought to need no comment; the claims of suffering humanity as well as the principles of self-preservation call for immediate and energetic measures. One district with sixty-five patients, and but three subscribers—and another, Bannow and Ballymitty, with twenty-two patients, without a single subscriber, presents a fearful prospect for the coming season, when disease may be expected to be appallingly rife if something be not done in time.—*Irish Paper*.

TO CORRESPONDENTS.

MR. CULLEN.—We are not acquainted with the book, but will make inquiries. Sir George Ballingall's work on Military Surgery, contains, if we recollect rightly, the results of Larrey's modes of treatment.

MR. LISTON is nervously anxious for a vacancy in the council of the London College, he expecting to be elected on the first opportunity.

LISTS OF PASSED MEN.—If the gentlemen who pass the examination, will send us their addresses, they shall be added to the names in the lists regularly published by us.

RECEIVED.—Dr. Henry's "Account of the Drunken Sea."

VINDEX on Medical Clubs in our next.

A.B.C., Guy's. We shall be glad to hear from him.

Other correspondents postponed from want of space.

THE MEDICAL TIMES.

LEGISLATIVE OR EXTERNAL REFORM OF THE BRITISH MEDICAL POLITY.

IN conversing with country practisers, we find, every day, numbers who have, from business and other matters of near interest upon their mind, by no means, a precise, clear, or comprehensive knowledge, even now, of those consecutive circumstances which form the substantial grievances and abuses of our Medical Institutions, and the foundations of the demand for MEDICAL REFORM. We thought it would be "a good deed to make a list," and collect all the comparative defects of our institutions in one distinct and concise synopsis. By means of general statements and distinct propositions, every man in the kingdom may see, at one view, the points which constitute the entire question of Medical Reform, and form his opinion and gain his instruction on each subject. By condensation and abridgment all the heads and topics may be brought under 13 or 14 figures, and a better general knowledge of the whole question be so conveyed than by volumes of discursive writing on the subject. Thus we may begin with a general comparative view of medical legislation in the United Kingdoms, and in other countries in Europe, particularly France, which we may continue at times, till the whole subject is simply and lucidly displayed.

ENGLAND.—NO. I.

The government of the medical and surgical professions in the United Kingdoms, within certain jurisdictions, is vested in five corporations of Physicians and Surgeons, which are independent of each other, and possess the power of framing their own laws and statutes, but vary in the extent of their separate powers, privileges, and functions. No graduate of any university can practise in London, or within seven miles of its precincts, without a second examination and diploma from the CORPORATION or COLLEGE of PHYSICIANS in London. The COLLEGE of PHYSICIANS in DUBLIN possesses, but exerts no penal powers to compel graduates to obtain their licences. The COLLEGE of PHYSICIANS of EDINBURGH admits all graduates without examination, and resembles in its constitution and objects the learned societies, as the Royal Societies of London, &c.

The THREE COLLEGES or CORPORATIONS of SURGEONS in London,* Dublin, and Edinburgh, assume† the power separately from each other, of preventing persons not legally qualified for practising as surgeons within their respective capitals, by seven miles of their precincts, but not beyond.

FRANCE.—NO. I.

Now let us turn to the primary and very different system of medical government in France, from that of the British corporations or colleges. The government of both professions in France with the power of framing their own laws, by-laws, and statutes, independently of each other, and preventing non-admitted persons, whether or not graduates of medicine and surgery, from practising in any part of France, were all made in 1803 and 1810, upon the reverse of the British rule, which obtained in the old and abolished corporations and colleges in France, until 1793, when they were subverted. According to the new and improved system of France, and the admirable reorganization in 1803 and in 1810, corporations and colleges have ceased, and the existing University Schools are no longer like their predecessors, independent of each other, and no longer possess the right of framing their own laws and statutes; but, mark ye, reader! all made dependent upon the same powers, regulated by the same UNIFORM laws, subject to the same UNIFORM and SUPREME jurisdiction, and no longer permitted to frame their own laws and statutes. Now here was the principle of UNIFORMITY at once admitted, and for which we have clamoured to the "powers that be" for 300 years, without being listened to!!

REMARKS.—NO. I.

For the want of this same UNIFORM regulation of our corporations and schools, and owing to our superfluous and injurious medical and surgical colleges or corporations, being without UNIFORMITY or HARMONY in their POWERS, PRIVILEGES, and FUNCTIONS, in the RULES for the government of their own bodies, and in the FORMS, SYSTEMS, and MODES of EDUCATION which they prescribe, many disadvantages have originated, which have been long since removed by a more UNIFORM system in France, Italy, Prussia, and other civilized and enlightened countries of Europe.—Since the abolition of the colleges and corporations of France, as they were established upon the "ancienne regime" in 1793, and the above supreme polity has been decreed, a great and renovated people have found the benefit of a simple and efficient system of medical education. The subordinate parts work together towards ONE centre, under the control of ONE HEAD; the HIGH PLACES of the profession are open by CONCOURS, to men of active and enterprising genius; its separate divisions are judiciously appointed and observed, and its whole body in a healthy and vigorous condition, has bounded forwards, from 1803 to the present time, 37 years, in one proud career of progressive reputation and improvement. Let us look AT HOME, and under the beneficial influence of CLOSE bodies, like the effete and abolished corporations of France in 1793, we find the

* "The Charter" of the College of Surgeons of London "is simply permissive, allowing the court of examiners to examine those who might voluntarily present themselves, but giving them no legal authority to compel practitioners in surgery to obtain their diplomas, nor to prosecute those who took upon themselves to practise without it." (Statement of the Council, August 22, 1833.)

† We have said "assume," because it is doubtful whether they can enforce it. The London College of Surgeons has exercised it, but it is said to have failed in establishing their power in a recent instance.

same profession regulated by a confused and complicated system of "government and no government;" under the paralyzing control of institutions antiquated in form, suited only to dark, gross, and lawless states of society; and preserved merely in compliance with the bigotry, prejudices, and corruption of power and wealth. Our situation is too disgraceful to admit of silence on the part of those who are concerned for the honour of their own country and profession. We became more contemptible in the eyes of foreign nations, as we continue to retrograde behind them, and adhere with irrational tenacity to our own exploded prejudices. The comparative state of our own institutions and those of other countries are legitimate subjects of inquiry. However humiliating may be the contrast, we may deduce from it more enlightened views and a more ardent zeal for our own improvement: conscious of our well-meaning, and hopeful of the good report of the UNPREJUDICED and JUDICIOUS, we shall proceed in this inquiry with an indomitable and invincible spirit of independence, and an inflexible resolution to speak forth the plain truth. Sufficient candour and reason will, we trust, be found in this country to appreciate our motives.—But we must continue our subject hereafter.

MR. HOUSTON'S NEW KNIFE FOR DIVIDING ENLARGED VESSELS OF THE EYE.

To the Editor of the 'Medical Times.'

SIR,—Having seen in the last number of your valuable Journal, a short notice of my knife for dividing the dilated vessels keeping up opacities in chronic corneitis, I beg leave to forward you a more minute description, accompanied with a wood-cut, and should feel obliged by your inserting it in your next, should you consider it worthy of a corner in your columns.—The pain and inconvenience arising from dividing the vessels, as practised formerly, induced me to have the present knife constructed by Mr. Paget, of Piccadilly. I have used it in several cases with complete success, and should feel pleased by hearing of its utility from other practitioners.—I am, Sir, your obedient servant,

H. HOUSTON, M.R.C.S.

6, Tavistock-street, Bedford-square,
October 25th, 1840.

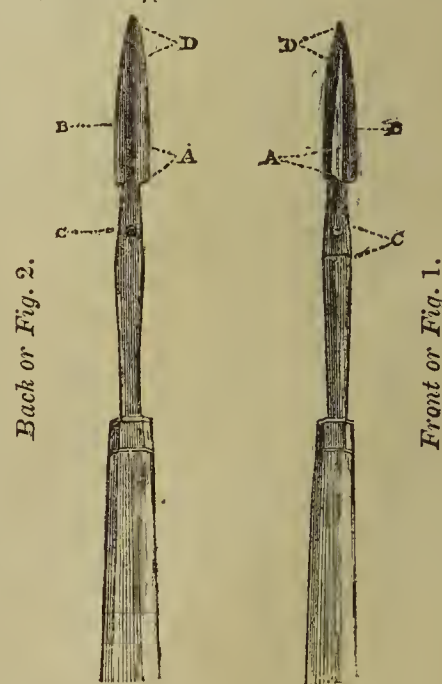


Fig. 1—A. Cutting edge of the Vertical Blade. B. Cutting edge of the Horizontal Blade. C. Screw and Joint for fixing the Vertical Blade.—D. Free portion of the Horizontal Blade.

Fig. 2—A.B.D. Back view of the Horizontal Blade.—C. Screw.

CORRESPONDENCE.

CONDITION OF "DISPENSING ASSISTANTS."

To the Editor of the 'Medical Times.'

SIR,—At the present time, when the profession are anticipating the good results from a Medical Reform Bill, expected to be brought under the consideration of Parliament, in the ensuing session, there is a class of individuals, whom I hope will reap some advantage by it, viz.—THE DISPENSING ASSISTANTS of medical practitioners. When you reflect on the trifling salaries paid them, and the miserable life to which they are at present compelled to submit, they surely require some relief. The highest salary a young man can get, is £25 per annum, with board and lodging; with this he is expected to make an appearance becoming his station, and find himself in washing, &c. The miserable life to which he is subjected for this paltry remuneration (and more frequently for £20, and even less), is, I firmly believe, when all points are considered, unequalled in hardship. As regards common air and exercise necessary for young men, for the preservation of health, he is expected to rise at seven o'clock in the morning, sometimes earlier, to take down the shutters of the shop or surgery, clean the windows, dust the bottles, with other menial occupations innumerable. He then stands till eleven and twelve o'clock at night, dispensing physic, bleeding, &c., &c., without a moment's intermission (meals excepted), and this from week's end to week's end, and as I myself have experienced for three years, without being able to leave the surgery for *one hour's recreation, not even on Sundays*. I have never left a close and unwholesome surgery from one month's end to another, and this for £18, and then £20 per annum. Surely some scheme might, and ought to be adopted, so that so absolutely necessary a member of society should not only be proportionably rewarded for his arduous services, but also have such reasonable time allowed him for air and exercise which the meanest shopmen have not denied them. The Sunday at any rate might be made much more a day of rest to the dispensing assistant than it now is. It has been my lot to send medicines to persons who call themselves belonging to a more than ordinary religious sect, but still these very persons never scruple or omit to have their dinner pills, or powders (which they are constantly in the habit of taking), *sent on Sunday*; they have little else to think of on that day, and the doctor's shop being always open, and he himself very fond of making Sunday calls, it is positively the fact, that on Sunday more physic is uselessly sent out than any other day in the week. At this moment there are hundreds of dispensing assistants who are lingering out this wretched existence, until their health becomes affected, and in many instances consumption and atrophy follow.—All this must continue to be the case, until some spirited persons take up their cause, and represent it to the public as it really is. A valet is infinitely better off in every respect; I myself have envied those kind of servants their lot, when I have seen the happy and agreeable time they pass in such situations. And now, when all the working classes are taking measures for securing their health, enjoyment, and recreation, let us hope this highly respectable portion of the community will reap similar advantages, feeling assured the public are not aware of their situation.

AN ASSISTANT.

On Tuesday, October 13th, Mr. Bransby Cooper excised the articulating extremities of a diseased elbow-joint, and on last Tuesday, (October 20th), repeated the operation in another patient. The first occurred in a male, the second in a female—in each case the disease was of long standing. Both patients are progressing most favourably.

OBITU.—On the 27th inst., G. Goddard, Esq., surgeon, late of, Oxford-street, London.

CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.

CHAPTER XII.—HOW THE NEW MAN WAS INTRODUCED TO THE "EAGLE," AND WHAT BEFEL HIM AFTERWARDS.

THERE is nothing like an eating-house for a medical student to get a comfortable dinner at. If he chooses to feed at home, he must of necessity confine himself to chops, steaks, and "such small cheer," but at the "Dining-rooms" there is variety without end to suit his palate; and, after all, there is decidedly something very laborious to bachelors in ordering a dinner; and when it is regularly ordered, it is never so much relished as any unexpected dish, in the same manner that invalids often find their appetite aroused by the arrival of some trifling dainty from a kind neighbour, when perhaps for days previous their stomach has turned at every delicacy their own imagination has prompted. Besides, man is evidently *gregarious*—unless a confirmed misanthrope, he has a propensity "to feed in flocks," and medical students are rarely misanthropical, except, indeed, at such periods as they are grinding, or owe a great deal of money.

There was an eating-house in a small street near the school that our gentlemen regularly patronised—indeed out of compliment to them, the proprietor added the chief medical periodicals to the other works that were to be found upon the tables. From one o'clock daily until six joints of tempting richness and alluring form smoked in the windows, and the very odour that dispersed itself from the door, seemed to possess peculiarly nourishing powers, if one might judge from the hungry-looking crowd that generally surrounded the premises. In the morning the appearance of the eating-house was not so tempting as at a more advanced hour. Strange cold joints, of unintelligible origin and extraordinary shape were exposed to view, the remnants of yesterday's bill of fare. Round, tough puddings, studded with plums at uncertain intervals, reposed with an air of indigestible solidity upon white and greasy earthenware dishes; and the soup tureens were filled with a singularly complicated and solid production resembling small pieces of fat and carrots set in dirty glue. But towards the afternoon the scene was changed. The cold joints had all departed (where, I never could imagine); steaming roast legs of pork and boiled rounds of beef supplied their places, and a portion of the window was partitioned off for the reception of verdant looking mustard and cress, ornamented with rings of beet-root, and serving as the couch on which several kidneys appeared to be enjoying their *otium cum dignitate*, until the period when they should be summoned to the gridiron, and be obliged to give up their *cryptæ*, their *calices*, and their *tubuli uriniferi* to hungry expectants. There was one thing in this eating-house (not, however, peculiar to it alone, but in common with all others) that always astonished me—the joints in the window were always hot and smoking! By what secret acquaintance with the power of controlling the radiation of caloric this circumstance was brought about, I am not aware, but certainly the proprietors accomplished it by some strange necromantic expedient; and the joints not only sent up a light vapour, like hot joints generally do, but they were encompassed by a perfect cloud of steam, which besides rising like incense when they were first placed in the oval pewter hollows formed in the window for their reception, kept on smoking all day long, until they were cut down to the bone; and thus the bone itself steamed away as comfortably as if it had still its full complement of muscular integument sur-

rounding it. Nay, when the bone itself had disappeared, the vapour still ascended from the spot it had occupied, as furiously as from pantomimic plum-puddings filled with wet lime, to the great admiration of the men who carried the boards of cheap hats, and little teakettles, and constantly waited there in the fond expectancy of making the olfactory branches of the fifth take place of the gustatory ones.

"What sort of eatment have you got to day, Harriet?" inquired Macarthy, as the four companions, Messrs. Swubs, Johnson, Whipples, and our hero, marched up to the last room, where the tables were not separated by boxes, and stamped in regular time upon the floor as they passed the other customers, with a noise and unanimity that caused all the consumers to look round, and made one old gentlemen pour his pint of porter into his hat, whilst he looked another way.

The waitress replied in the usual routine of the bill of fare, which being well-known and somewhat hackneyed, I will not, in my wish to furnish novelty to my readers, repeat in this place.

"Very well," said Mac, when she had concluded; "bring us four boiled beefs, four potatoes, four breads, and four distinct pints of *dimidium cum dimidio*, in four distinct pewters, and tell the witle's handmaid to put the ale in first, and then the porter afterwards, but be sure to mind that they don't mix."

"Will you give me the money, if you please, Mr. Macarthy," said Harriet, who appeared to understand Mac remarkably well.

"Ah, yes," replied Mac, "I quite forgot. Let us go odd man for it."

The others agreed, and the rule being laid down of "odd men out and the last two toss," the quartette covered their coin down on the table.

"Man!" cried Swubs.

"Head!" said Whipples.

"Man!" followed Mac.

"Woman! my kids," added Johnson; "I'm out."

This amusing process was again repeated, and Swubs cleared himself. The struggle was now between Mac and Whipples.

"Now I'll cry to you," said Mac; "Spin away—the best two out of three."

Mr. Whipples spun a shilling in the air, which eluding his grasp as it fell tumbled into the water-bottle. Nothing disconcerted, he took a new half-crown from his purse, and flipped it up, then letting it fall upon a chair, covered his hand over it.

"That's little Vick," said Mac, and he was right; "I knew it was head," he added in a whisper to Swubs; "New money always jingles more when it falls tails downwards than if it's the other. Now, see me do him again."

Whereupon Mr. Macarthy, with a sleight of hand particularly creditable, placed two shillings on his left-hand, one with a head uppermost, and the other with a tail, and covered each with two fingers of his right-hand.

"Now, what will you have?" asked he.

Mr. Whipples hesitated a few moments, and then thought he would choose "tails."

Of course the two fingers covering the shilling that displayed the head were lifted up, and equally of course Mr. Whipples lost, and handed the money to Harriet, who had been patiently waiting the result of this sporting transaction.

The dinner passed off as eating-house dinners generally do—very hastily. Mac ordered cheese, and made what he called "crab" of it, by mashing it up in his plate with vinegar, mustard, and cayenne; and Swubs and Johnson partook of some baked apple dumplings; as for Mr. Whipples he ordered a pat of butter

and water-cresses, and put Mac in a terrible temporary rage, by asking what class and order they belonged to, and if he thought it likely that he should be asked at the Hall?

As soon as the repast had concluded, the reckoning was settled, and they rose to depart. Previous to this, however, Whipples fished up his shilling from the bottom of the water bottle, which having accomplished, Mac emptied the salt-cellar into it. Swubs then poured the vinegar into the pepper-castor; and Johnson, whose hand very much resembled a *glutæus maximus* cut into slips, squeezed the tops of all the pewters close together, and filled them with the potatoe skins. These various entertaining and innocent amusements being finished, the party left the dining-rooms in the same order and style as they had entered it, only delaying an instant, to lay a wager with the cook in the white nightcap who cut up joints in the front shop, that when a mutton and a human kidney were cooked together he would not be able to distinguish the one from the other by the taste, provided they were not injected, Swubs undertaking to provide the latter, if the cook would furnish the former.

As they entered Tottenham Court Road, through which refined thoroughfare their road lay, new subjects offered themselves for their temporary amusement, and Mr. Whipples was equally astonishingly amused and frightened by the sallies of "chaff" which his friends launched against every one who was unlucky enough to fall under their passing displeasure. The lamps had been lighted whilst they were at dinner, and the stalls at the side of the *pavé* had illuminated their wares with tallow candles sheltered in paper bags, that cast a mellow and subdued light over the gasping flounders, consumptive radishes, sleepy pears, and lucifers; song-books, straps, shrimps, and periwinkles, that their baskets displayed.

There was no omnibus at the corner of Hampstead Road when they got there, so Swubs proposed that they should walk a little way along the New Road to meet one, as several persons were waiting at the gin-shop for a chance, and being four, they did not wish to be separated.

"Do you see those rooms where the light is in the long windows, over the painted targets?" inquired Mac of Whipples, pointing up with his finger.

"Yes," rejoined the new man; "what are they?"

"Why, that's Almack's—you've heard of Almack's, where all the great people go every Wednesday night."

"It's rather a shabby-looking place," remarked Mr. Whipples.

"It's so on purpose," replied Mac; "aristocracy doesn't like display, and this is done to show the snobs that society can be select without being expensive. It's just the same with me; knowing my own respectability I wear thick boots and gossamer hats, but those at the hospital, whose pedigree is no very great shakes, come glazed leather crabshells, and beaver tiles."

"Ah, indeed!" said Mr. Whipples; "and what is that shop underneath, where the flaring gaslight is?"

"Oh, that's the celebrated Oyster Rooms where the company sup. If you come up some night you'll see all the nobility there, eating like new 'uns."

"Is that true, now?" asked Whipples.

"S'elp me several strong men and four boys its a fact," replied Mac; "look, now—there's the Marquis of Waterford and Lord George Beresford just going in," he continued, as two omnibus cads entered the shop for sixpen'orth each, at the counter.

"Here comes a bus!" cried Swubs, cutting short whatever observation Whipples had to make, as the unwieldy machine swayed and rolled in the mud, from the Regent's Park end of the road.

"Bank!" shouted the conductor, as he threw up his arm.

"No, Eagle!" bawled Swubs, in reply.

"Hold hard, Tom. Jump in, sir—there's only room for two inside."

"I'll toss you whether we shall give you a shilling apiece or nothing," said Mac to the cad.

"Now, gen'lemen, make haste," said the driver, in rather a surly tone, as he saw another buss following along the road, at the same time giving his horses a slight touch of the whip, that made them move on as if he was in a hurry.

Swubs and Johnson got inside, and Mac and Whipples, at the evident peril of their cervical vertebrae, climbed up the strange series of small footpieces that conducts you to the top of the omnibus, and were scarcely seated when the vehicle was again in full motion.

"What a quantity of lamps!" was the first observation that Mr. Whipples addressed to the driver.

"I don't think there's more than there was last night, sir," returned the omnibus man, looking down both sides the way as if to make sure that his assertion was founded upon truth.

"Do they light the street up like this every night, then?" inquired Whipples.

"No," cried Mac, interrupting the driver, who was about to speak, at the same time jogging his elbow; "only when there's a performance at the Eagle. When any of the Royal Family go they put wax-candles in all the gaslights, and set the clock right at King's Cross, which is never the case at other times."

"What's King's Cross?" again asked Whipples.

"Don't you know?" returned Mac; "Lord bless your ignorance, then. Didn't you ever hear of the beautiful statue, supposed to be the work of some great Grecian sculptor, that the Duke of Wellington brought from the Gallery at Florence, after the battle of Waterloo, and presented to the city of London?"

"Oh, yes, I think I have heard something about it," replied Whipples, with the air of a man who does not like to confess his want of knowledge.

"This is it that we're coming to now," said Macarthy, as the buss stopped at the crossing; "isn't it beautiful?"

"It is, indeed," said Mr. Whipples, gravely looking up at the old brick and mortar griffin-hoof that tops the obstruction, which nobody could ever yet make out whether it was intended for a pump, a turnpike, a lamp-post, or a police station.

Just at this moment Mr. Whipples felt something catch hold of his leg and nearly pull him from his seat. He looked down and saw Swubs' body projecting half out of one of the anterior and lateral windows of the buss.

"Have you any coppers, Whippy?" asked Swubs.

"No, I haven't—I am very sorry—what did you want them for?" was the reply.

"Only to buy some baked potatoes. Never mind, it's too late now, they're going on;" and Swubs withdrew into the interior as the omnibus once more moved forwards.

At the Angel they exchanged some of their passengers for new comers, and then, after rolling down the hill towards the city, and crossing the bridge, the vehicle stopped to put them down at the end of the turning on the left that leads to "the Eagle," the said locality being indicated by a transparent lamp, beneath

which was suspended a programme of the concert. They paid their shillings, got their cheques, and refreshment tickets, and entered the grounds. ROCKET.

(To be continued.)

ON DEAFNESS, ORIGINATING FROM OBSTRUCTION OF THE EUSTACHIAN TUBE, AND ITS APPROPRIATE TREATMENT.

BY JOHN STEVENSON, ESQ., M.R.C.S., &c.

To the Editor of the 'Medical Times.'

SIR,—The communication between the inside of the throat and central cavity of the ear, through the medium of the Eustachian tube—the use and necessity of that passage to the perfection of the aural function—its liability to become more or less closed, with a proportionate defect in hearing—the attendant symptoms and their most efficient management—are topics, generally speaking, so lightly regarded, that a few elucidatory and practical remarks on those points will not, it is presumed, be deemed either uninteresting or irrelevant to the object of your valuable publication.

Previously to entering on their immediate consideration, it may be useful to premise a short sketch of the physiology of the Eustachian tube, and its subserviency to the economy of the auditory apparatus, as the inlet of atmospheric air to its *middle* cavity, without the presence of which the membrana tympani could not perform its requisite motions, any more than the parchment of a drum could vibrate and emit sound on being struck, unless its side is perforated to admit air to the interior of the instrument. The tympanic cavity is, therefore, furnished—by means of the Eustachian trumpet—with that aerial and elastic fluid, which, warmed by its transit through the mouth and throat, equipoises in the barrel or drum the pressure of the air against the outside of the membranous septum, when under the impelling force of violent sounds. In *inspiration*, the accumulated air presses the membrana tympani outward, and occasions that clashing or sibilant noise by which the hearing is modified and obscured in *yawning*, the air, during that act, entering more abundantly through the tube into the tympanic cavity, resists the tremors caused by the external air. When the internal air happens to be pent up, in consequence of an obliteration of the Eustachian tube, the included air, incapable of yielding but by condensation, counterbalances the oscillations of the membrana tympani, that would otherwise be excited by the undulation of sonorous bodies, or being absorbed, the external and unresisted pressure of the atmosphere, forces the membrana tympani as far inwards as it is capable of receding, in which position it remains passive and stationary, and cannot vibrate at all, or only in a very trivial degree. Either supposition explains the cause of the great diminution, or total extinction, of the sense of hearing, accordingly as the tube is partially, or wholly obstructed. The perfection, therefore, of the aural function is essentially connected with the membrana tympani, which again depends for its normal action on the constant renovation of air by the pervious Eustachian tube; any interruption to its regular supply necessarily interfering with, or entirely preventing, the transmission of sonorous vibrations, through the chain of ossicles, to the labyrinth, on the membranous textures of which the ultimate and minute filaments of the sensitive auditory nerves being expanded, and receiving the impression, convey it to the mind, and produce in it the phenomena of sound!

An accurate discrimination of this species of deafness is of the greatest practical value, since the want of such knowledge is frequently productive of grievous mistakes in regard to the

exciting cause of the disease, and what is worse, is the source of useless, unnecessary, and occasionally very painful expedients. Numerous instances have come under my cognizance in which, from a misapprehension of the true nature and origin of the morbid symptoms, a succession of blisters or other local stimulants had been applied behind the ear, and irritating remedies introduced into the meatus externus, or outer passage, conjoined simultaneously with the heterogeneous exhibition of mercurial, aperient, tonic, and other internal medicines, not only without the smallest relief, but at the expense even of much topical suffering and annoyance, as well as of serious injury to the general health and constitution of the patient. Such practice is the more to be deplored, inasmuch as had the real cause of the infirmity been developed, it is highly probable that by far the majority, if not the whole of those cases might have been cured, by means too no less easy than safe and expeditious. These facts warrant the inference, that there is not any description of aural disease in the several forms of defective, or lost hearing, which has so little arrested the notice of practitioners, or is less generally understood, than that which is induced by the partial and temporary, or complete and permanent obstruction, of the Eustachian tube. As an apology for the prevailing lack of information on these points, it is but fair to add, that a full and accurate description of the varying aspect and different species of deafness, dependent on the cause alluded to, has not hitherto been published. In truth, its symptoms are for the most part obscure, hypothetical, and inferential, rather than palpable, distinct, and unequivocal. They consist indeed simply in the impairment, loss or negation, of the sense, without any accompanying tinnitus aurium, or false and imaginary perception of noises in the ear. A knowledge of the existence of the alleged proximate cause, is chiefly to be derived from analogical reasoning, deduced from the absence of other morbid agents, for the detection of which, collateral inquiries will be found valuable auxiliaries. There are not, indeed, any infallible criteria to enable us to form a correct judgment of the real character of the disease, the whole of what we really know on the subject amounting only to, what may be termed, *presumptive evidence*.—Thus, for example, in the event of the patient experiencing a great diminution, or the total extinction of the auditory function, without any assignable or palpable cause, or explanatory elucidation derivable from vascular congestion, compression, or concussion of the brain, from preceding or existing fever, from fits, repelled eruptions, visceral or sympathetic irritations, while the meatus externus is in a perfectly healthy condition, free from mechanical accumulation of cerumen, or other extraneous substances, and the membrana tympani at the same time, retains its natural and pellucid appearance—the probability is, that the sedes morbi, or proximate cause of the deafness, may be found in obstruction of the Eustachian tube. This assumption will be much strengthened, if not confirmed, should it be discovered, on prosecuting the investigation, that, apart from any obvious local derangement present or precursory, pain in the organ, congenital defect, or structural malformation, the aural infirmity is associated with, or has been ushered in by, catarrhal symptoms and hoarseness, inflammation, tumefaction, erosion, or disorganization of the membranous lining, or contents of the pharynx, or fauces, such as syphilitic ulcers, cynanche maligna, mumps, enlarged tonsils, or the descent of a nasal polypus. A further development of the causa mali, and which may serve as a test of the fallacy

or accuracy of our theory, will be afforded by inflating the tympanum. If the attempt can be accomplished, with a sensation as if the membrane of the drum bulged outward, and with the perception of a snap, caused by the sudden rush of air into its cavity, and immediate improvement of the sense of hearing, these circumstances, taken collectively, may be regarded as proofs that the passage is free. But the converse does not necessarily follow, since every one is not endowed with the tact or ability to force air into the drum, who may nevertheless, have an unembarrassed Eustachian tube. Lastly, should additional evidence be required, it may be sought for and obtained by the careful introduction of a small probe or catheter into its guttural extremity—an expedient which has sometimes availed, not only in detecting the cause, but in administering to the relief, of the deafness. That operation, however, of which more anon, is much too nice and difficult to be intrusted to any but practised hands, and to those only who possess an intimate acquaintance with the anatomical structure of the parts implicated, as well as with the proper mode of conducting the process.—By availing himself of the foregoing hints and suggestions, a scientific practitioner, versed in acoustic surgery, and qualified to take a comprehensive and pathological view of the subject, will find little difficulty in unfolding the nature of the ailment. When the acquired information leads to the conclusion that an obstruction of the Eustachian tube constitutes the true source of deafness, the next step is to develop the morbid agent, on the accurate discrimination and identification of which the rationality and success of our practice must be based. But as this form of the disease acknowledges a variety of proximate or exciting causes, the consideration of which on the present occasion would occupy too many of your instructive pages, I shall reserve for another but early opportunity, the exemplification and further illustration of the subject.—I am, Sir, &c.

JOHN STEVENSON.

38, Conduit Street, Hanover Square.

FOREIGN JOURNALS.

Gazette des Hopitaux.—*Journal de Chimie Medicale*.—*L'Experience*.—*Hufeland's Journal*.—*Gazette Medicale*.—*Monatschrift fur Medicin*.—*Medicinisches Correspondenz-Blatt*.—*Zeitschrift fur die Gesamte*.—*Wochenschrift fur die Gesamte Heilkunde*.—*Zeitschrift fur die Gesamte Medicin*.

Diseased Spinal Marrow.—The *Monatschrift fur Medicin* contains observations on *spinal irritation*, by Dr. STIRLING, of Cassel, which disease may exist in various forms, from the state of simple congestion, to the utmost degree of softening, from effusion of serum within its cellular tissue. The author seems to despair of finding any indisputable pathognomonic symptom of this affection. We know that as the posterior or sensitive fibres of the nerves coming off from the spinal marrow meet by their extremities at the median line, pressure upon that part will often excite pain where disease exists within the canal. Friction with the hand, as also a sponge wetted with hot water, will often produce pain under the same circumstances. A slight puncture with a needle, or the application of leeches, will excite more pain in that part than in any other. Sometimes it happens that stronger pressure on the muscles, or extension of the vertebral column, is required to detect the mischief that lurks within. The author professes to be able to excite shivering and heat in this complaint at will, by pressing strongly on the upper

cervical vertebrae, and by making superficial punctures with a needle.

Paralysis of the Fifth Cerebral Nerve on the left side. The Organ of Taste unimpaired. —Cure of the Paralysis by Electricity.—This case is reported by Dr. VOGT, in the *Gazette Medicale*, to illustrate a fact contested by some physiologists, that the lingual branch of the fifth pair of cerebral nerves is *not* a nerve of taste. In this patient the left side of the tongue was insensible to perforation by pins, but its movement was free, and the organ of taste was unimpaired. Colocynth, salt, and pepper, were at different times placed on the paralysed side of the tongue, and were immediately distinguished by the taste.—If this fact were unsupported by direct experiment, the opponents might object that the lingual nerve of the fifth pair might consist of two filaments, not to be detected by sight, one of which might be the nerve of taste, and the other a nerve of sensation, the latter alone being paralysed; but we know by direct experiment that the section of the two lingual branches of the fifth pair occasions perfect insensibility of the tongue, while the taste remains uninjured; we may cut and burn the tongue under such circumstances without producing pain. On the other hand, the taste is completely destroyed by the section of the two glosso-pharyngeal nerves, while the sensibility and mobility of the tongue remain perfect. Dogs in whom the glosso-pharyngeal nerves have been cut, will drink a decoction of colocynth like pure water. It is evident, therefore, that the glosso-pharyngeal alone presides over the taste; the lingual branches of the fifth pair over sensation; while the hypoglossal is the sole motor nerve of the tongue. The difference of opinion which exists on this subject arises from the fact, that the two branches of the glosso-pharyngeal separate on leaving the cranium, and experimenters have cut the lingual branch alone, instead of including the pharyngeal. This last we know to be a nerve of taste for the velum palati and the pharynx, and if not included in the section, the animal will reject the bitter drink as soon as it reaches the throat. Dr. Vogt says, that in the experiments performed at the Anatomical Theatre of Berne on dogs, in whom the two glosso-pharyngeal nerves were simply divided, the taste, which was at first destroyed, was recovered in a month as soon as the nerve was regenerated by the union of the segments. But in a dog where a portion of the fifth pair was removed, in order to destroy the sensibility, the recovery of sensation was not effected for several months.

Another example of the efficacy of Hydrated Oxide of Iron against Poison from Arsenic.—M. ANSROUL, in the *Journal de Chimie Medicale* relates the case of a young man who swallowed a portion of arsenic, with intent to commit suicide. In half an hour his pain was intense, with vomiting of sanguinolent matters. Horrible convulsions with grinding of the teeth soon came on; the eyes were turgid, the pupils dilated, the pulse small, the skin covered with a cold and clammy perspiration, the limbs were extremely rigid, and at intervals he vomited a brownish matter. M. Ansroul obtained eight ounces of hydrated peroxide of iron in a liquid state, which the patient swallowed *sur coup* with avidity, and the convulsions gradually subsided. Three hours afterwards the whole of the liquid having been taken, the nausea and pains in the stomach, which had been intense, subsided. He was bled and conveyed to his home, but not without a return of pain and vomiting from the jolting of the conveyance. The skin was now hot, the mucous membrane of the mouth was white, and the abdominal pains returned; all these symptoms

were successfully combated by leeches and antiphlogistic treatment, and in ten days the patient was well.—M. Ansroul expresses a wish that every pharmacien were compelled to have this remedy always in readiness to meet a similar emergency, as it is the only known antidote to arsenic.

The same journal contains some particulars concerning an Arab intoxicating substance, called *Hachisch*.—The leaves, flowers, and seeds of this plant resemble hemp grown on poor land. It grows in Lower Egypt, and is a considerable object of commerce in that country. The stalks are from two to three feet high, in which respect it differs from the hemp. The stalk is not single, but multiply from the root; the branches are alternate without the filaments which are perceived on the hemp, and its odour is less powerful. The best mode of using it is to make a decoction, to which fresh butter being added, the liquid is evaporated. The butter then becomes of a fine green colour, and may be taken in combination with sugar, pistachios, or other ingredients. Its effect is exceedingly agreeable, the most complete *dolce far niente* is excited, and on the subsidence of the pleasurable sensations the head is unaffected, and the mouth not parched, as after taking opium or wine. Heaven forbid that we should counsel the introduction of a new mode of intoxication, but might not this plant be useful as a remedy? A calming potion without the noxious effects of opium. It is certainly worth a trial.

Pyo-Hémo-Pneumonite, consequent on Purulent Absorption, forms the subject of an article in *L'Esculape*, from the clinical lectures of M. Piorry. This complaint, in its second or third stage, is better known by the term *metastatic abscess*, from the purulent absorption which takes place in inflamed veins. The author had a case of phlebitis of the lower extremities—auscultation and percussion brought to light a circumscribed *pneumonite*. The patient was bled, and the pulmonary affection was subsiding, when symptoms (which are not detailed) suddenly arose, and were promptly followed by death. The inflamed vein, in which fluctuation had been felt, had suddenly emptied itself, and no doubt exists, that the pus went into the circulation.—In patients who die of *pyo-hémo-pneumonite*, we frequently find at the lower part of the lung, and chiefly on its margin, little reddish tumefied spots, varying in size from that of a hempseed to a nut, which constitute the anatomical characters of the *hémo-pneumonite*, or of the *pneumo-hémie hypostatique* in the passage from the second to the third degree. The tissue of the lung is thoroughly diseased, and sometimes it contains granulations. In the centre of the little tumours, we frequently find a small drop of pus in the form of a yellowish or whitish speck, and sometimes larger collections of pus.—We give M. Piorry's own nomenclature, whimsical as it may be.

On the seat of Strangulation in Inguinal Hernia—Is it produced by the Ring or the Neck of the Sac?—In a late number, we noticed this question as examined by M. LAUGIER, in the *Bulletin Chirurgical*, in answer to the opinions of M. Malgaigne, that it is always in the neck of the sac. M. Laugier triumphantly refutes the opinion of M. Malgaigne, as to the universality of the constriction of the sac, which state, he contends, can only be considered to exist under the following circumstances:—

1. When the strangulated hernia has been reducible, wholly, or in part, and symptoms of strangulation remain.

2. When, after the incision of the ring, the symptoms of strangulation do not abate, and when the sac being opened, the intestine cannot be reduced.

3. When before the section of the upper ring, we can easily draw down the sac, so as to perceive its neck.

On the other hand, when it exists in the rings alone, the incision of the ring outside the sac suffices to remove the strangulation, and the hernia is instantly reducible. The absence of the strangulation of the spermatic chord proves nothing as to the seat of the strangulation of the intestine, consequently cannot distinguish the strangulation of the sac from that of the ring.

Hippurie, a new Affection of the Urinary Organs.—The *Echo du Monde Savant* has a note on this disease which formed the subject of a memoir presented to the Academy of Sciences, by M. BOUCHARDAT. It is characterized by the presence of *Hippuric acid* in the urine, (2.96 in 1,000 parts.) The urine also contains a large proportion of albumine, (3.47 in 1000,) and far from being of a repulsive odour, it is agreeable to the smell. To discover and separate the hippuric acid from the albuminous urine, the author evaporated to dryness, and dissolved the residuum in sulphuric æther. This again evaporated to the consistence of a syrup, contained crystals of hippuric acid. The mass is of an agreeable colour, it contains urea with extractive matter, and still holds in solution hippuric acid probably in combination with urea. When diluted nitric acid is added to this mixture, crystals of nitrate of urea with hippuric acid are produced. This acid presents all the characteristics assigned to it by M. Liebig, nevertheless the product of the treatment by æther had a benzoic odour, and contained also benzoic acid. Moreover these acids are known to be nearly alike, and we can produce a crystallized sublimate of benzoic acid, and benzoate of ammonia, by exposing hippuric acid to heat.

REVIEWS.

Microscopic Illustrations of Living Objects, their Natural History, &c. &c., with the most eligible Methods of constructing Microscopes, and Instructions for using them. By C. R. GORING, M.D., and A. PRITCHARD. Whittaker. Pp. 248.

We believe this work will not only be useful, but necessary to those who are directing their attention to microscopic researches. The first chapter consists of remarks on the use of the microscope, and an account of the improvements which have been made in its construction. The application of the achromatic principle to the microscope greatly disappointed expectation, till the "recent discovery of Dr. Goring, that the penetration of this instrument was dependent upon the angle of aperture," elevated the microscope "to a grade nowise inferior to the telescope," and the most important advantages have occurred to the geologist, the botanist, physiologist, mineralogist, and indeed to every one who has taste to enjoy the refined pleasures of science, or a mind to appreciate the wonders of nature, the beauty and harmony of her works. The second, third, and fourth chapters contain plain and faithful descriptions of various living objects, which have either not been before described, or imperfectly so, and many most curious and interesting particulars with regard to the natural history of these creatures. In the succeeding chapters, we have an explanation of the terms employed in microscopic science, a description of the achromatic microscope, with its apparatus, and practical instructions for using and managing it. This information will be found valuable by the student of natural history. There is also an account of Swam-

merdam's method of dissecting and preparing objects for the microscope. We think that all who are pursuing microscopic studies, or who merely enjoy the amusement afforded by this instrument, should obtain this work, as containing a practical or satisfactory information on the subject in intelligible language. The plates are well executed, and the work is cheap; we therefore hope its circulation will be such as to remunerate the spirited proprietor for the labour and expense he has bestowed upon it.

Facts in Mesmerism. By C. HARE TOWNSEND, A.M. Longman.

MR. TOWNSEND commences by warding off the blind and bigoted attacks on Mesmerism, so freely lavished by Dr. Elliottson's personal opponents. He also remarks, that not being of the medical profession, he has treated mesmerism as a phenomenon of our nature, rather than as a curative means. We received the book with pleasure, and perused it with attention. The only result has been a strong opinion of the author's talents and sincerity. We found nothing new in support of mesmerism; no new facts or arguments to justify the theories of its supporters.

HOSPITAL REPORTS.

HOSPITAL DES INVALIDES.—M. PASQUIER.

Complete Retention of Urine for Seventy-two hours.—Hypogastric Puncture of the Bladder.—Cancerous Degenerescence of the Prostate.—The patient, seventy years of age, was brought into the hospital with a retention of urine, which had existed for twenty-four hours, with slight febrile movement. The distended bladder formed a fluctuating tumour behind the pubis and above its upper margin. Repeated attempts were made in vain to introduce the catheter. It was invariably arrested at the prostate. After this state had continued seventy-two hours, the position of the patient became too precarious to admit of delaying the evacuation of the bladder by puncture, for the fever became intense, pains in the hypogastrium were violent, and the perspiration had become urinous.—The hypogastric puncture was resolved upon, and as the patient was thin no necessity existed for cutting down on the fatty covering of the muscles above the pubis. The curved trocar of Friar Come was easily passed into the bladder, whereby the urine was drawn off. The canula being stopped at one extremity was left in the bladder for ten days, and was then exchanged for a gum catheter. All the subsequent efforts of M. Pasquier to restore the continuity of the urinary canal by the introduction of a catheter were vain, the patient daily grew weaker, and was carried off by suffocating catarrh.—The *necropsy* showed that the urinary canal had become completely blocked up by an anormal growth of the prostate, which had acquired the size of a fist, and had undergone the encephaloid degenerescence.

HOSPITAL ST. LOUIS.—M. LUGOL.

Malignant Pustule.—Efficacy of the Potential Caustery.—The patient, a butcher, had been employed in killing sheep, whose feet were diseased; the ground had been rendered slippery by the effused blood; he fell, and excoriated his elbow. In the night he was agitated, and on the following morning his arm was swollen and painful. The next night he had shiverings and syncope.—On the third day, he appeared as an out-patient at St. Louis. On the elbow was a spot about the size of a sixpence, upon

which the epidermis was raised by an ichorous fluid. The fore-arm was enormously tumefied and tense, the red colour momentarily subsided on pressure with the finger. The countenance of the patient was sunken and exhibited distress, and while under examination he suddenly lost the use of his senses, and fell to the ground.—The epidermis upon the diseased spot of the elbow was ruptured by the fall, and the surface beneath presented a manifest granulous aspect. An actual cautery, red hot, was immediately applied to the diseased spot—never was more immediate benefit obtained; all the constitutional disturbance immediately ceased; he remained, however, in the hospital until the eschar came away, which was at the end of three weeks.

2nd Case.—*Malignant Pustules treated without the Cautery.*—This man was also a butcher, who had been employed in carrying a great number of calves on his shoulder, one after another, to a cart, and it is presumed that he received some of the saliva of the animals upon his face, the right side of which was enormously inflamed and swollen on his arrival at the hospital. The eyelids were closed, and the tumefaction had extended all over the hairy scalp of the affected side of the neck and the throat, so as to impair the voice and deglutition.—The source of all this mischief was a malignant pustule at the outer angle of the eye, in the form of a round spot, fifteen millimetres in diameter, deprived of its epiderm, of a violet colour, and granulous aspect. This constitutes the second period of malignant pustule. Pressure produced no sense of crepitation, as mentioned by authors, nor was any pain produced by pressure on the primitive seat of the disease.—The position of this pustule, near the eye, induced M. Jobert to reject the actual cautery, which he constantly employs in other parts. He made a large incision in it, and cauterized the wound with the liquid acid nitrate of mercury, and the surface was covered with rag dipped in a solution of chlorure of lime; but the effect was very different from that of the actual cautery, for the tumefaction now extended to the submaxillary region. The gangrenous patch increased in size, the outer surface of the affected eyelid was violaceous, and the swelling had even extended to the other eye. The fever was ardent, and accompanied with headache, cough, and difficult expectoration. The patient was bled, sixteen leeches were applied to the mastoid process, and the wound was dressed with lemon-juice.—On the following day, the eschar had extended over the eyelids, but the face was less swollen. Shiverings and delirium came on, and the latter to such a degree, as to require the straight-waistcoat.—The *delirium tremens* was successfully combated by laudanum clysters—and at length the gangrenous eschar separated from the eyelids, but the patient was not discharged until after ten weeks' abode in the hospital. The only part of the local treatment on which reliance seemed to be placed, was the citric acid applied to the wound.

White swelling of the Elbow, after amputation of a similar affection of the Foot.—Tubercles of the Bones, and in the Lungs.—Inexpediency of Amputation in White Swellings.—That amputation in scrofulous affections is not to be depended upon, and should not be resorted to, is the firm opinion of M. Lugol, whose experience in scrofulous affections probably surpasses that of any other practitioner in the world. The Hospital St. Louis continually receives relapsed scrofulous affections, like that of the subject of our present observation, and many condemned patients are cured in that hospital by preparations of iodine. Our patient had been amputated for white swelling

in the foot about seven years ago, thus enjoying a much longer interval of exemption from disease than falls to the lot of most of these sufferers. At the expiration of this period the disease suddenly attacked the left elbow, and made such rapid progress as to become fistulous in two months from the rupture of *tuberculous* abscesses, round the cubito-humeral articulation. Tubercles and caverns speedily formed in his lungs.—*On dissection*, an ulceration at the posterior part of the elbow at the olecranon was examined. A fungous livid mass formed its surface, which when cut into slices presented at each section little whitish hard bodies, which were evidently tubercles, and some had suppurated. Two fistulae extended into the articulation, their surface was black.—The skin, on being dissected off, brought to light tubercles, some of which were crude, and the others were in a state of suppuration. This state, which is difficult to describe with precision, presents a remarkable analogy with the pulmonary tissue invaded by these substances. In the midst of crude white tubercles disseminated in the subcutaneous cellular tissue, some of which although not softened had ulcerated the skin, we remarked a cavern produced by the suppuration of one of them. It was still covered with tubercular matter, and accurately represented a pulmonary cavern.—The ligaments had undergone a lardaceous degenerescence, and some were destroyed.—The synovial membrane had disappeared. The lower extremity of the humerus contained a tubercle lodged in the bone all this part, together with the upper extremity of the ulna and radius, was carious, and easily crumbled under the fingers, or was reduced to black sanies.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

SEPTEMBER 22.

On Cerebral Affections—Hemiplegia.—At a former meeting, a member of the Academy had presented a preparation of a portion of the brain, where the corpora striata contained an erosion, surrounded by a cyst. The subject of this case had been hemiplegic for twenty-two years, and finally died, without any suspicion of that event having been occasioned by cerebral disease.—M. CASTEL called the attention of the Academy to this case, as illustrative of the fact, that severe disease might exist within the brain, without destroying life, where compression was not exerted. Many instances of the same description are on record.—Another case, of an opposite nature at least, as to compression, also came before the society. In this one, apoplexy had been induced from an effusion of pus from the dura mater, and dropsy of that membrane. The pus had not penetrated beyond the surface of the brain, whose substance was entirely sound. The same conclusion may be formed from these different facts—that among the cerebral affections, none are so speedily mortal as compression, which is a formidable obstacle to the transmission of nervous influence. Thus distention of the vessels of the brain will produce apoplexy, as will also such abdominal and thoracic tumours as impede the return of blood from the head. In such cases, says Van Swieten, the apoplexy is the result not of general plethora, but of the special plethora of the cerebral vessels.

Spontaneous Dislocation of the Knees.—A curious case of lateral incomplete luxation of both the tibiae, consequent to paralysis, and articular pains, was exhibited to the Academy. The patient, in her sixtieth year, painfully drags her slow length along the court-yards of the hospital *Salpêtrière*, by the aid of crutches. Both knee-joints are constituted solely by the external condyles of the femur, and the upper extremity of the tibia, with great deformity. One only of the knees projects inwards, forming an angle of 150 degrees between the thigh and the leg.

Remote and proximate Causes of Deformity from Retracted Muscles.—M. GUERIN, the surgeon of the deformity wards of the *Hopital des Enfants*, establishes that the retraction is the result of irritation in some part of the nervous centres. The author had twin infants under his care, each with a double congenital club-foot. They were both completely cured by machines, aided by plaster of Paris moulded on the legs and feet. Six months afterwards, one of them was attacked with a cerebral convulsive complaint, which in three days reproduced the two club-feet, differing in no respect from those which existed before the cure. The feet were now cured a second time, and as if this relapse were insufficient for the establishment of the doctrine, the convulsions returned at the end of twelve months, and one of the feet became again deformed. In all the three cases, the affection of the foot was precisely similar, nevertheless at the birth of the children they appeared in the most perfect health, with nothing but their doubled deformity to indicate the intra-uterine affection by which it was occasioned. M. Guerin reports a case of *intermitting spasmodic contraction*, characterized by a retraction of the muscles, easily overcome, but which was instantly reproduced without any act of volition. This reproduction is sometimes effected by a shock of the limb, and at others by moral causes. Deformities, such as club-foot from this cause, may, by a little effort, be completely removed by manipulation, but the muscular spasm soon returns; the contraction of the muscle is evident to the sight and to the touch, and the deformity is reproduced.

SEPTEMBER 28.

New Method of curing Vesico-Vaginal Fistulae, by M. LALLAMANT, professor of clinical surgery at Montpellier.—This method consists in cauterizing the edges of the fistula with a red-hot iron, and bringing them into contact with an instrument called *sonde erigne*, which he prefers to the suture, in all cases where the fistula is transversal, or can be brought into that form. The most common cause of vesico-vaginal fistula, says the reporter, is laborious parturition, in which the child's head has been jammed in between the pubis and sacrum, in which case, the bladder is compressed against the pubis, and contused. Organic disease, such as cancer, is a far less frequent cause; but as the fistula, in such a case, is not the principal malady, it need not be considered here. Instruments employed in delivery, by contusing and producing gangrene of the parts, also occasion fistula, and the action of these mechanical causes explains the reason of the orifice being on the median line and transversal. This last circumstance is however not constant, for M. L. relates two cases, in one of which the opening was lateral, and in the other were openings on each side of the neck of the bladder, produced by hooks employed in assisting delivery. Although the author speaks of frequent success from his treatment, yet where the disease is seated in contact with the neck of the uterus, the tissue of that organ, together with the peritoneum, are apt to become fatally inflamed by the operation. Two cases are related in the memoir, where the vesico-vaginal fistula, in one case, was immediately before the neck of the uterus, and in the other, through the neck itself. Both died from peritonitis after the operation. Another fatal case of the same kind was since transmitted to the Academy. The last patient seemed to be recovering, nothing had passed through the fistula for two days, and even the instrument was withdrawn, when the abdominal pains commenced. A gum catheter, which had been left in the urethra, was now withdrawn, but the peritonitis pursued its course until death, and the cavity of the abdomen, at the part affected, was lined with thick pus. It was perceived that the *erigne*, or double hook, which had kept the sides of the fistula in contact, had passed through the peritoneum which passes from the bladder to the uterus. Laugier's 'Bulletin Chirurgical' contains a memoir from M. Serre, the other surgical professor of the faculty at Montpellier, denying in toto the efficacy of the treatment, and insinuating that M. Lallamant is mistaken as to his facts, inasmuch as cases reported to be cured, are not so.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

GUY'S HOSPITAL AND KING HARRISON. (CONTINUED.)

From a Correspondent.

IN the next place, as to the property of Guy's. When we went down there in 1828, we were told in the Treasurer's office, that the funds of Guy's in money alone were nearly £500,000!! Guy's Hospital has an immense landed property in several counties besides, and the presentation of numerous livings upon it. They have large estates upon the rich lands and fine sandy looms of Herefordshire. Mr. Whalley Armitage is steward of Guy's Hospital lands in Herefordshire. He was so appointed steward, because his wife, lately deceased, was *niece* of King Harrison. It was reported that Mr. Armitage had built the steward's new house, a very handsome mansion at Morrison, near Ross, *out of* the Guy's Hospital receipts, upon *land of his own*, and not theirs; but we do not think that this assertion is true. Had Guy's Hospital not been checked by the statute of mortmain, it would have monopolized all the land in the county. The farms are rented low, which gives great satisfaction to the tenants. They have the presentation of a number of livings. Mr. Braithwaite Armitage, a son of the steward, has Peterchurch. Mr. Babington, now in Scotland, the nephew we believe of old Dr. Babington, has Peterstow. Mr. Thornton, formerly of the Borough of Southwark, (brewer we believe,) holds another, and is one of the new jacks in office, called rural deans. Besides these incumbences, they have the presentation of Dew Church, Acombury, Little Birch, and, we believe, others. The disposal of this immense patronage, according to common fame, is always decided by the great King Harrison. It is too much power for any one individual to possess!—There has long been a strong impression on the minds of some neighbouring country gentlemen and farmers, near Ross, that there are *abuses* in the *management* of the Guy's Hospital property in Herefordshire; if so, what is the medium to apply to? Do the Medical Charities come within the scope and scrutiny of the Charity Commissioners? Can a committee of inquiry of the House of Commons be appointed, on showing some grounds for it? Could a bill of discovery or disclosure be filed in the Court of Chancery? We believe not against a public trust, without some right by lookers-on! Has the Guy's Hospital Trust any Acts of Parliament? The trust of Guy's Hospital is, we believe, conducted by a committee of twenty or more trustees, who are chiefly respectable and high-minded Dissenters. In some of the elections just before or since the Reform Bill, we have understood that Mr. Whalley Armitage was beset by the illiberal and domineering portion of the *Pluralist Parsons* of the *notorious* Dean and Chapter of Hereford, in Ross and its immediate neighbourhood, to combine the vast influence of the Guy's Hospital livings and estates, the energies of electioneering parson-magistrates in every parish, and must-needs-be slavish tenants on every farm, against the Reformers. But this conspiracy to unite with Guy's property the Dean and Chapter title influence, and the influence of the mortgaged and mushroom country-squires, as well as what Cobbett calls the VERMINGENTRY,*

was defeated by the body of Trustees. It is said that Master Armitage received a rap on his knuckles from the Committee of Guy's, to the effect that he was to hold himself strictly neutral, lest they should call upon him to "give an account of his stewardship," and expect his resignation. This paralyzed his efforts, and those of the "*black slugs*," and "*black flies*," of the Hereford Cathedral to recover their ultra-domination over the independence of the people of that "little rebellious whig county of Hereford," as George the Third was wont to call it. The contents of this admonition from Guy's was, as we have heard from respectable authority, read over to the liberal and independent committees of Price and Hoskyns, the two Reform members for the county. In consequence of the loss of this influence, the anti-reformers of Herefordshire, and that vile and most notorious church-monopoly, that opprobrium of the Church of England,—the CLOSE FAMILY-INFLUENCE-ECCLESIASTICAL CORPORATION OF HEREFORD, was defeated in their attempt to force their tool, Counsellor Poole, upon the county in 1834, and the Committee of Guy's deserve our gratitude for not sanctioning a course which, we understand, was favoured by King Harrison. In fact, we believe Sir Benjamin Harrison, his brother, was a schoolfellow of Wm. Pitt, prime minister, and placed by him in the Treasury, and of course the whole family are violent Anti-Reformers.—How far the two hospitals of Guy and St. Thomas have improved since 1828, we will not stay to inquire, but as we have just heard of a breach of trust in another great London hospital, we must say that we suspect that a number of "*nati consumere fruges*," called "*Fine Gentlemen*," like Michael Ordonnez in '*Gil Blas*,' are "*getting rich themselves by managing the affairs of the poor*" in our great public charities; and we do not think that individual assumption of enormous wealth and power, and reappropriation of the funds of public charities, are the most honourable or respectable modes of becoming exclusives and village dictators, and cutting a great dash in society as petty bashaws, crushing the difficult and laborious efforts of MERIT and TALENT, and raising those of every idle and skipping *petit maitre, garcon, and fripon*, of influence and interest. ASCLEPEIADES.

October 31, 1840.

TIGHT LACING.—The higher mortality of English women by consumption, may be ascribed partly to the in-door life which they lead, and partly to the compression preventing the expansion of the chest, by costume. In both ways the lungs are deprived of a free draught of vital air, and the altered blood deposits tuberculous matter with a fatal facility. Thirty-one thousand and ninety English women died in one year (the year ending June 30th, 1839,) of the incurable malady! Will not this impressive fact induce persons of rank and influence to set their countrywomen right in the article of dress, and lead them to abandon a practice which disfigures the body, strangles the chest, produces nervous or other disorders, and has an unquestionable tendency to implant an incurable hectic malady in the frame? Girls have no more need of artificial bones and bandages than boys.—*Appendix to Second Report of the Registrar General of Births and Deaths.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

CARIES OF THE VERTEBRAL COLUMN.—INJURIES AND DISEASES OF THE NERVES.—WOUNDS AND TUMOURS OF NERVES; TREATMENT.—NEURALGIA.—SCIATICA; TREATMENT.—TIC DOULOUREUX; CAUSES AND TREATMENT.—DISEASES OF PARTICULAR NERVES.

THE vertebral column is subject to an affection of a different nature from that which I described in the last lecture as producing a curvature of the spine. The affection that I then described is chiefly incidental to young subjects, to whom the present is not always confined, since it may take place in persons comparatively advanced in years, although it rarely happens after the period of puberty. This affection is, CARIES,—a disease which I have already described generally, and respecting which I have, therefore, now only to point out the particular circumstances which distinguish it when situated in the spine. This disease attacks only the bodies of the vertebræ; that is, it attacks that part of the bony structure of the spinal column which is its most frequent seat in other parts of the skeleton, the cancellous, or spongy part. The processes of the vertebræ, which are composed of firm or compact bony tissue, it does not attack. It commences with pain of the affected part; sometimes with more or less swelling of the soft structure immediately surrounding the seat of disease, with uneasiness on pressure there. After a certain time the bone, which in the first instance is inflamed, ulcerates—goes into a state of caries. In the progress of the disease this ulcerative process attacks the bones to such an extent, that large portions of one, two, three, or more of the bodies of the vertebræ are actually destroyed. When we come to examine the patient after death, there appears a considerable chasm, or gap, in the vertebral column, in which fragments are found completely loosened and detached from the surrounding processes. Sometimes it seems to commence in the inter-vertebral-fibro cartilages; sometimes in the bodies of the vertebræ.—Caries of the spine, like the same affection in any other bony structure, affects the soft parts immediately contiguous to the diseased bone, and produces inflammation in them, terminating in abscesses, the matter of which finds its way to the external surface, frequently, however, taking such a course as leads it to point externally at a considerable distance from the primary affection; and it is chiefly in affections of this kind that we find those abscesses which constitute *psaos*, or *lumbar abscess*. A considerable portion of the bony column which has to sustain the head and upper part of the body being thus destroyed, the superior portion of the spine is pressed downwards upon the inferior, by the weight above it, so as to fill up the vacuity which has been created by the ulcerative process. The consequence is, that after ulceration has gone on to a certain extent, the spine bends forwards, and becomes crooked; but the curvature which is thus produced, essentially differs in its nature and direction from that which takes place in consequence of the rickety affection of the spine. The curvature in the present case is always in the anterior direction, while in rachitis it is to one side. If you look at two trunks, in one of which the spine is affected by the curvature I mentioned to you in the last lecture, and the other in which the column is bent in the manner I am now describing, you will see that the contrast is very remarkable. Here is a spine curved laterally, from a general softness of the vertebræ; you observe the irregularities; there is more than one on each side. And here is another spine affected by

* A correct sketch of whom may be seen in No. 50, p. 283, vol. ii., of '*Medical Times*.'

the disease which I am now describing; it is bent forwards; this has been called the *angular* curvature of the spinal column, in contradistinction to the lateral curvature. The bending is attended with unnatural prominence of the spinous processes; the spine presents an angular incurvation forwards, and hence is called *angular*.—Now when you see the extensive destruction that is produced in a case of this kind, and consider how important a part of the frame is that which has been thus disorganised, you would conclude that the powers of nature must be inadequate to stop the disease and repair the ravages thus caused; indeed the powers of nature do not go to the extent of repairing this loss; but if the disease stop, which it may do, either spontaneously, or in consequence of the employment of remedial means, the powers of nature are so far sufficient to repair the disease, that with a sacrifice of the proper figure of the trunk, the health and general powers of the frame may be restored, and recovery accomplished entirely—by means of the curvature itself. The incurvation forwards is necessary to fill up the deficiency produced by the ulcerative absorption. The bodies of those vertebræ which have been partially destroyed, cannot be restored, for as the spine bends forward, the upper part comes in contact with the inferior, and an imperfect kind of ankylosis ensues; some additional bony matter is thrown out, which attaches the two ends of the chasm, consolidates them together, as we might say, gives a sufficient degree of solidity to the parts, and enables them to sustain the weight of the body above, and to admit of the ordinary motions of the trunk. The curvature, therefore, here, is really only a necessary part of the curative process. The disease cannot be brought to an end with preservation of the straight figure of the spine, where it has gone to a certain extent; nor when the curvature has once taken place, will any attempt to restore it succeed. *Early lateral* curvatures of the spine may be entirely removed, and the back bone may be restored to its former straight condition, but nothing of this kind can be accomplished in the case of incurvation forwards; if the carious disease of the bodies of the vertebræ have really taken place, it is in vain to attempt such a cure. You will naturally conclude, that this disease of the vertebral column is attended with more or less serious affection of that part of the spinal chord which is included within the diseased portion of the bony canal. In the commencement of the affection, the irritation of the chord produces pains, cramps, numbness, spasmodic twitchings, convulsions of the various voluntary muscles of the parts which receive their nerves from the affected portion of the chord; those affections, also, often extend to the muscles which derive their supply of nerves from the part of the chord which is below the seat of disease.—These effects, too, are not confined to the voluntary muscles, for, in consequence of the connexion existing between the spinous nerves and those ganglia from which the contents of the thorax and abdomen derive their nervous supply, the functions of the various organs of respiration, digestion, and so on, are often more or less seriously affected by the irritation in question. In the early stage, then, of the affection, these symptoms are observed:—an altered sensation, and, in particular, a feeling of pain, numbness, twitchings, and convulsive affections of the lower extremities. But if the disease proceed, more particularly in cases where, in consequence of the approximation of the upper to the lower part of the diseased vertebral column, pressure comes to be exercised on the spinal chord, then the affection shows itself in paralysis, loss of motion and sensibility of all the parts below the seat of injury; in short, paraplegia. The patient loses sensation and the power of motion in the lower extremities, all control over the muscular coat of the bladder, and the sphincter muscle of the rectum, and the urine and feces pass away involuntarily.—The **TREATMENT** of caries of the vertebral column is the same as that which I have already had occasion to describe, in speaking of the treatment of caries generally. In the commencement it must be antiphlogistic. You must adopt those means that are calculated to diminish the inflammation which constitutes the

primary stage of caries, and precedes the ulceration. The local abstraction of blood, with other mild antiphlogistic measures, will accomplish the purpose. Whatever means, however, you adopt, *rest* in the horizontal position is absolutely necessary. You will easily conceive, that if the weight of the head and upper parts of the body is still bearing on the bones which are in this state of disease, and the muscles surrounding them are still in action, that there must be an irritation going on, constantly tending to keep up and aggravate the disease. Rest, therefore, is one important point to be attended to from the very commencement of the affection, until the cure is effected by ankylosis. Here, as you will observe, there is a very material difference in the treatment of that disease of the spinal column which produces angular curvature, and that which produces the lateral curvature; for I mentioned to you, that exercise in the open air, perfectly free and varied exercise, which would call into action all the muscles of the spine and limbs, constitutes an essential part of the treatment in a case of lateral curvature, while the same proceeding would not only be inapplicable, but highly injudicious, and, indeed, exceedingly detrimental in the treatment of the other affection.—When the inflammatory symptoms are put a stop to by this course of proceeding, we then come to consider the propriety of arresting the disease by the means of counter-irritation, respecting which I have nothing particular to add to the observations I have already made. Caustic issues, setons, moxæ, are the most eligible means for accomplishing this. On the Continent, the actual canter is applied for the purpose.—I should observe to you, however, that you are not to consider it necessary to have recourse to these measures in all cases. This is an affection to be found in scrofulous subjects; in those who are naturally of a weak constitution; and the existence of the disease itself is a source of great irritation to the frame. There are weakly subjects labouring under this complaint, where the general powers of the system would be lessened by any mode of applying counter-irritation. There are cases, consequently, in which you would be precluded from having recourse to measures of this kind, and in which you must confine your practice to the mild antiphlogistic treatment I have described. Keeping the trunk at rest, employing general means for invigorating the frame, such as residence in pure air, attention to diet, giving steel and bark, and, in fact, employing the medical treatment which is calculated to restore the health, will be sufficient, without adding any measures of counter-irritation.

INJURIES AND DISEASES OF THE NERVES.

When the *nerves* are *divided* by a wound, if the divided extremities remain in contact, they will become united like any other of the soft parts of the body. It has been questioned, under these circumstances, whether the substance which joins them is really nervous texture or not. However, we find that when the ends of a nerve that has been divided are thus reunited, the nerve recovers its functions; that it has the power of again conveying sensation or volition; and that the medium of union answers all the purposes required.—There is nothing peculiar in the symptoms produced by wounds of nerves. In the case of amputation of the thigh or arm, all the large nervous trunks belonging to the limb are included in the division, and still there is nothing different in the progress of the wound, nor in the immediate symptoms, from which there would be if the injury had consisted of a perpendicular section of the soft parts, without the division of any nerves of consequence. It has sometimes been supposed, that the puncture, or partial division of a nerve, is capable of producing serious consequences; and the important effects which have ensued from venesection have heretofore been commonly attributed to wounds of the cutaneous nerves—to punctures of the nerves, which are situated between the skin and the vein. In the great majority of instances, the mischief arising from venesection consists in inflammation of the vein itself, or in inflammation of the integuments surrounding it, or in erysipelas, particularly phlegmonous erysipelas of the integuments. All these are serious enough, but I believe the instances

are extremely rare in which any ill consequences of venesection can be clearly traced to the injury of a nerve. Yet I would not venture to say there absolutely are no such cases.—When nerves have been divided, as in the operation of amputation, the extremity which is left swells into a kind of bulb; a sort of oval tumour forms, or rather the end of the nerves swells into a bulb of oval shape, of perhaps about the size (in the case of a large nerve) of a nut or a filbert; this is found to possess very considerable firmness, sometimes approaching almost to a cartilaginous structure, so that it is cut with difficulty, and makes a noise under the knife as it is divided. There are instances in which the extremities of nerves thus enlarged seem to produce very painful symptoms after amputation. Whether it is from the extremities of the nerves being involved in the cicatrix which follows the operation, or, in certain cases, that the ends of the nerves are by the contraction of the cicatrix pressed against the sawn end of the bone, I do not know; but in many instances very painful sensations are experienced after a certain time, at the end of the stump, confined in some cases to a particular spot, and appearing to indicate that the affection depends upon the condition of the divided nerves at a certain part of the cicatrix. Mr. Langstaff paid particular attention to this; he examined the cicatrices after death, and found such appearances from the bulbous swellings of the nerves, particularly in instances in which patients have suffered from the painful affection I have mentioned, as led him to infer that it depended, in some measure, on the divided extremities of the nerves being implicated in the hardened cicatrix, thus experiencing a degree of irritation which leads to the painful affection in question. In some one or more instances I think he found it necessary to amputate higher up, in consequence of the extremely sensitive state of the stump, in short, of the almost intolerable agony which the patient has experienced. He mentions a practical rule,—that of cutting with a pair of scissors after the amputation, half an inch or an inch from the end of each divided nerve in such a manner as that the extremities of the nerves shall not be at all exposed to this source of irritation. He says that when this rule is observed, the affection does not take place.—Nerves are subject to the development of *tumours* in their substance, just as tumours may grow in any other soft part of the body. This is a rare occurrence; I have seen specimens of it in museums; but I cannot say, that I have much to observe on the subject, except to tell you that such tumours may be developed, principally in the nerves of the upper or lower extremities, in the popliteal of the leg, and some of the branches running along the arm. The tumour is generally of an oval shape. The nature of the tumour is clearly pointed out, in the first place by its position in the trunk of the nerve; in the next place by pain on pressure in the course of the nerve and its branches; and in the third place by the tumour being easily moved from side to side, though confined in the longitudinal direction.—The *treatment* consists in extirpation with the knife.

NEURALGIA.

The nerves are liable to inflammation, producing an affection which is characterised by great pain, by excessive and almost intolerable agony.—The nerves are also liable to affections, in which nothing like inflammation of the part can be traced, where, to use our technical language, the nerve is said to be merely *functionally* disordered, and where pain or altered sensation is the principal feature of the complaint. These affections of the nerves, from the circumstance of the pain being one of their principal characters, have been denominated *neuralgia*—*pains of nerves*. These are diseases which do not in general terminate fatally, so that we have not much opportunity of investigating them by examination after death. The pathology of these affections is consequently but imperfectly understood.—It must be obvious to you that inflammation of the nerve, that a case in which the nerve is actively inflamed, ought to be distinguished from one in which the nerve is merely the seat of a painful sensation; yet both of these, in technical language, come under the denomination of neuralgia.—Now all nerves are not equally liable to these affections. It has been generally

considered that neuralgia is only incidental to the voluntary nerves—those that are distributed to parts which are under the influence of the will. We are not perhaps justified in saying this decidedly, but, at all events, we know so little of neuralgic affections of internal nerves, that is, those nerves which proceed from the different ganglia to the viscera, that it may be almost said, with reference to our state of information on this subject, that they have no existence there. Certain nerves are more liable to them than others, and those most exposed to external influence, injuries, and violence of different kinds—those which are most habitually exerted—are in a state of the most constant and direct exertion—are the nerves which suffer most frequently. The great sciatic nerve, and the facial branches of the nervus trigeminus, are much more frequently the seat of neuralgic affection than any other. The affection of the *sciatic nerve*,—*Sciatica*, as it is called, is an example of inflammation of the nerve from which it derives its name, or, at least, we very frequently see that form of the affection in this nerve. The complaint here is characterised by severe pain extending along the trunk of the nerve, whence it is to be traced along its various ramifications. Sometimes, however, the pain seems to begin in one of the branches, and to shoot along upwards towards the trunk as well as downwards. This pain is aggravated by any motion, exertion, or position, in which the nerve is subjected to pressure, by such diet as is attended with excitement, by external heat, and by all the various circumstances which are capable of aggravating an inflammatory affection.—The disease, which in the first place exhibits an acute kind of character, marked with the symptoms I have mentioned, lasts a long time, and then becomes chronic, and shows itself more by a painful affection than by those symptoms which denote acute inflammation of the nerve; then the pain will perhaps come on in fits, and there will be times when the patient is comparatively free from suffering. It is attended with a considerably impaired state of motion in the limb, and hence the muscles waste away, the limb shrinks, and, ultimately, if the disease lasts for a long time, falls into a state in which the patient has little power over it.—Now, on examining these cases after death, which we seldom have an opportunity of doing, except in old and chronic cases, we sometimes find the nervous trunk exhibiting marks of inflammation; that is, the nervous chords are surrounded by a thickened and indurated membrane, and the nerves themselves seem expanded, in consequence, no doubt, of the effusion into the tissue which connects their filaments together.

TREATMENT.—In the acute stage, local loss of blood is of advantage. Blood may be taken by cupping or leeches, and other means of an antiphlogistic character must also be employed; rest of the affected part is absolutely necessary. This, however, is one which cannot be so effectively controlled by loss of blood as many other inflammations. You may obtain benefit to a certain degree, but you will find that the painful affection of the nerve will probably continue, and that repeated abstractions of blood, either generally or locally, will have no beneficial effect. In fact, the loss of blood beyond a certain extent will probably have an injurious effect, for a diminution of the general strength generally aggravates such a complaint. The loss of blood must, therefore, be moderate. Counter-irritation, particularly by blistering along the course of the nerve, has been ascertained to be an advantageous mode of treatment. You apply a blister over the course of the trunk, and after that a fresh one, as soon as the sore left by the former is healed. In the chronic stage of the disease, you are confined pretty much to a general mode of treatment—the exhibition of alterative doses of mercury, with mild aperients; medicines calculated to restore the general health, sea-air, and warm bathing. These, with counter-irritation, constitute the measures to which you must trust. The severe sufferings of the patient lead us, both in the chronic and acute stage of the disease, to the employment of narcoties, which we should administer to procure relief, especially at night. In conjunction with these, the use of sarsaparilla internally, particularly in the case of persons who

have been long afflicted, is attended with considerable advantage.

TIC DOULOUREUX.

The branches of the nerves distributed over the face—the branches of the fifth pair—are very frequently the seat of neuralgia, which cannot be referred to acute inflammation of the nerves. This form of the affection is called *tic douloureux*—*neuralgia facialis*—neuralgia of the facial nerves. The affection is seated, generally, in particular branches, in the infra-orbitary, in the supra-orbitary, or in the branch which comes out of the foramen near the chin. The pain, which is exceedingly intense and severe, commences in the trunk of the nerve, and shoots along the various branches. Sometimes more than one branch is affected. The pain is by no means constant in this affection; the disease, in fact, consists of fits of pain, with intervals of pretty complete absence of it; the patient may be free from pain for weeks or months together; this is a circumstance which makes us extremely uncertain as to the actual cure of the disease. We do not know when a patient can be said to be cured of an affection like this, because the complete absence of symptoms may merely be one of these intervals, and after all the symptoms have been apparently removed, we may find the pain return again. Now, words are hardly adequate to describe the dreadful sensations of an attack of this kind, and the excessive degree of pain to which those afflicted by *tic douloureux* are subject. Sometimes patients experience a kind of electric shooting, or darting, which has been described by Frank to be like the flashing of lightning. These shootings come on from the mere motion of the affected part; for instance, in the act of mastication or deglutition, or by the blowing of a little cold air upon the face, or other slight causes of that kind. The severity of these attacks is such, that even patients of the greatest resolution and command of mind cannot contain themselves; they scream out, throw their hands up to their head, the eyes become filled with tears, and the most excruciating agony is experienced. These convulsive motions take place not merely at the seat of disease, but almost over the whole body, and are symptoms of the great agony which is experienced. Patients suffer in this way year after year, for the complaint is not very often fatal. I have known persons labour under it for a very great number of years, and die at last of a good old age, the length of life not having been abridged, apparently, by their sufferings, however severe these may have been.—The *causes* of the complaint are very obscure. In some instances other painful diseases about the face bring it on. The occurrence of *tic douloureux* has been traced to the irritation of a carious tooth. In some instances disease of the bony canals through which the nerves pass has been found to be the cause; and this seems to be a probable source of the complaint, for if there be disease in those canals, the constant irritation kept up by them in the trunk of the nerve will very well account for the affection. On examining the cases, however, after death, we find nothing that will enable us to account for the sufferings of the patients. I remember attending a gentleman for a great many years who was the subject of *tic douloureux* in a very marked form, and I dissected out the nerves of the face very carefully after death; but I could find no alteration in them, nor anything in the brain to afford me information on the subject. To be sure the negative proof is not very satisfactory—for to say that there was no disease of the nerves; in such a case it would be necessary to follow up all the nervous filaments throughout their bony canals, and that would require a very minute and a very long dissection; I believe there have been hardly any cases so dissected.—We are at a loss in the *treatment* of this case. In fact, there are a great many remedies, which is a proof that there is none of generally admitted efficacy. It has been said that this disease will be quieted if you regulate the digestive organs, for you very often find those parts disturbed; but the truth is, that if a person have a clean tongue, and the stomach in a proper state at the time this disease commences, the paroxysms of torturing pain are enough to disturb them. This, in fact, is so simple a mode of treatment,

that if it were efficacious and could be depended on, of course it would be well known. Narcotic remedies have been tried in all forms, opium, hyoscyamus, conium, everything that can be regarded as a remedy of this kind, and as capable of acting on the nervous system for the purpose of soothing pain, has been employed. Of these I must observe, that according to my own experience the most powerful and the only one on which any reliance is to be placed is the conium. I have seen in several cases when given largely, and at short intervals (and it must be given in such doses as will produce some of its peculiar effects on the nerves), that it has appeared to put a stop to the affection, and has apparently cured the disease; but in many instances where persons have remained well for several months, and even in one case for a year, the disease has recurred, though it was again controlled by the exhibition of the conium. As a general measure, therefore, I place more reliance on the conium than on anything else. You must combine with those medicines such measures as are calculated to prevent their unfavourable action on the stomach and alimentary canal, taking care to ensure the regular action of those important organs. Mercury, arsenic, bark, oleum terebinth., these have all been employed without any good effect. The carbonate of iron is a remedy in vogue, in large doses, beginning with half a scruple or a scruple, and carrying it on to a drachm or more, three or four times in the course of the twenty hours, and in certain instances it has been said that this medicine has produced beneficial effects. There are many instances related in which a complete cure of neuralgic affection has been ascribed to the employment of the carbonate of iron. In cases of neuralgic affection of the face a surgical operation has been performed; the affected nerve has been divided; and, in certain instances, a temporary benefit has been derived from the operation, but very generally the disease has come on again. So that now this plan is pretty generally abandoned.

DISEASES OF PARTICULAR NERVES.

Sciatica and *tic douloureux* are cases of neuralgic affection of a very marked character; but there are a great number of instances of affections, the seat of which must be ascribed to the nerves, that are by no means so strongly marked, which are yet of considerable importance from the suffering and inconvenience they produce. There are a number of affections of this kind in which pain or altered sensation of various kinds is experienced, without any local disease which might lead us to suspect the existence of inflammation. Hence arises, in common language, the expression *nervous diseases*, a term which does not indicate anything in their seat or nature, but which is rather to be understood as a negative term employed where there is no apparent inflammation, and which is a common kind of disease.—The nerves are the seat of sensation and motion; they convey the determination of the will, and they are the instruments of motion as well as of sensation, so that various cases in which the movements of a part are disturbed ought, perhaps, also to be classed under the head of neuralgia. If we take this view of the case, we shall include a much larger assortment of cases under this head.—In considering the subject now before us, you must bear in mind the structure of the nervous system, and the relations that exist between the nerves and other parts. Recollect that the nerves at one extremity are connected to certain large masses; that is, the brain, the spinal chord, or the ganglia; that they pursue a certain course through the different parts of the body, and then are distributed to certain organs in which they become the instruments of sensation and motion. Now, in investigating any case in which the sensation or the motions of a part are affected as I have described, without any local disturbance of an inflammatory kind, or any organic change, you must not direct your attention simply to the part in which the sensation is said by the patient to reside; you must observe the course of the nerve, and you must also investigate the state of the nervous mass with which the other extremity of the nerve is connected. It is from impressions on the extremities of the nerves expanded on the various organs, that sensations are ordinarily to be ascer-

tained. The course of the nerve and the connexion which it has with the principal nervous mass, are not under ordinary circumstances exposed to any kind of impression. When, therefore, from disease in the nervous mass or disease affecting the course of the nerve, irritation arises, we find it is referred by the patient to the sentient extremity of the nerve, although there may be no disease or attack at that part. Thus we often find the cause of disease to be very remote from the situation in which the patient describes the symptoms to exist; and in order to describe those cases, for, as I have just mentioned, they are often very obscure, we must examine carefully the state of the nervous mass at the part which is connected with the nerve supposed to be diseased; we must examine carefully the course of the latter from the nervous mass to the affected organ, in order to ascertain what part is in a state of disease. Until you have so done you cannot be satisfied respecting the source of the local symptoms. The instances are numerous in which the complaint is seated in the head; and the affection of the brain has produced an alteration of the state of the external parts. You may have squinting, double vision, the paralysis of the levator palpebræ superioris, and impaired motions of different parts. I had a case of this kind under my care. It was that of a lady in whom numbness of the right foot had come on. She did not pay much attention to it, for the sensation was not a very troublesome one. After it had continued for about two or three weeks, numbness of the right hand occurred. She described the sensation by the term *numbness*, as being the nearest word she could use to convey an accurate notion of the complaint. It was a peculiar dull sensation of the part, quite different to any ordinary feeling, but unattended with impaired motion either of the hand or foot, which she was able to exert, and all the motions of which she could perform. After these symptoms had lasted three or four months I saw her, and found the parts inflamed from the remedies that had been used; her bowels had been opened, and she had been bled. She felt weak, complained of the want of flesh, and would not for a moment suppose there was any disease either in the hand or foot. My attention was chiefly directed to the state of her head, to ascertain if there was anything there to lead me to a right understanding of the case, for there was no reason to suppose that anything wrong existed in the spinal chord. On examining her head it appeared that she had some little pain there, but nothing very definite or particular. Her pulse was very small and feeble. In this case the abstraction of blood from the head, the application of cold particularly to the forehead, the employment of mild aperient medicines, and a regulated diet, subsequently the application of blisters to the back of the neck, and the use, rather free use, of mercury, but not carried so far as to affect the mouth, completely removed the sensations and restored the lady to health. But a difficulty occurred in the treatment of this case, from the apparent incongruity between the feeble and reduced state of the pulse, with her own sensation of feebleness, and the nature of the measures that seemed necessary to reduce the excitement in the head. Indeed in one of those moments of feebleness she had experienced such a fit of fainting as required the liberal use of ammonia and brandy. Yet in forty-eight hours afterwards she experienced great relief from the abstraction of thirteen ounces of blood, and notwithstanding her feebleness I was enabled, with the assistance of her husband (who was made sensible of the necessity of the measures), to pursue a course of treatment, which, under other circumstances, could not have been permitted. Now, this was an instance of alteration in some remote parts of the body in consequence of disease going on in the head.—The pains and convulsive motions, the cramps and uneasiness, that are produced in consequence of the irritation of the spinal marrow by caries of the vertebrae, are examples of neuralgic affections proceeding from causes affecting the spinal chord; and I should here observe to you, that Mr. Teale, in the work I have mentioned, ascribes a large class of cases in which there is painful or altered sensation of various kinds either in the neck or trunk, or in the limbs, to disease

existing in the spinal chord; which disease is evidenced in many cases, he says, by an external tenderness on pressure ascertainable by examination in that region. He says also, that in his opinion various affections of the contents both of the thorax and the abdomen are to be ascribed to a similar condition of the ganglia situated in those cavities, and with which he says an affection of the spinal chord co-exists; so that you have the same symptoms pointing out these affections of the ganglia, as you have where the disease exists in the spinal chord.—In the same way you have local nervous affections which act on the central masses of the nerves, and extend to distant parts of the body. Every one has experienced what is called the *foot or the leg going to sleep*, an effect which is produced by pressure on the sciatic or popliteal nerve. The sensation is not experienced at the place of pressure, but often at the extremity of the limb. I remember two instances of aneurism of the axillary artery which came under my attention, where in the first place the symptoms were totally mistaken. The pain, which was of the most violent kind, was limited in the first place to the arm and fore-arm,—and treatment was adopted under the apprehension of its being rheumatism. (I remember on one of them seeing a large red surface where a blister had been placed under the idea of so removing the pain.) It appeared that the uneasy sensations arose from the development of the aneurismal tumour in the midst of the axillary plexus of nerves; and the death of both of the patients enabled me to ascertain that the tumour not only proceeded from amongst the nerves, but that some of them were actually flattened out into the form of tapes by its pressure.—A tumour developed in the course of any nerve will cause an extremely painful sensation. Mechanical injury of any kind to the trunks of nerves has had similar effects. It is necessary, therefore, that you should carefully give the utmost attention in investigating what, in common language, are called nervous diseases, and which we consider to come under the head of neuralgia.—I should observe that there are some cases of particular pain of which we are at a loss to give any account,—some cases where there is a particular pain, owing perhaps to something existing in the alimentary canal, which pain has been removed at the same time that the cause I have mentioned is removed. I remember a case of this kind which I should be at a loss fully to explain. A person lost a part of a front tooth; the crown of the tooth was sawn out, leaving the root in its place, and the part removed was replaced by a tooth of that kind which is called a *pivot* tooth, and in which there is a metallic stem substituted for that which has been lost; that metallic stem being fixed into the cavity of the root left in the socket. This person had a most dreadful pain in the two thumbs, which quite puzzled the patient and those who saw him, as no circumstance had occurred to him of a marked kind except the putting in of this tooth. But when the tooth was taken out the pain ceased. They would hardly believe that this could have produced the pain, and the tooth, therefore, was replaced to ascertain the actual fact, when the pain again occurred in the thumbs, and the parties were obliged either to abandon the use of the tooth altogether, or to reduce the metallic pivot. This last they did, and then the pain was not produced. The case was communicated to me by those who saw it.

CORRESPONDENCE.

MEDICAL CLUBS.

To the Editor of the 'Medical Times.'

SIR,—In opposition to the opinion which your correspondent, a physician of Liverpool, has expressed on the subject of medical clubs, I shall beg leave to make the following remarks:—In the first place, I believe that no surgeon can ever consider himself properly remunerated by the receipt of half-a-crown or three shillings annually per head for attendance on any body of men, however large; for, from what I have seen of medical clubs, it is my firm opinion that the calculation of your correspondent, as to the proportion of sick to those who remain in health all the

year round, is very erroneous. His estimate is, that one-third of the members only will require medical or surgical advice at some one period of the year, and that the money paid by the other two-thirds is consequently so much clear profit to the surgeon. My opinion, on the contrary, is, that such is the feeling among the lower classes for having their "money's-worth," that it is a rare thing to find any one of them who, at some period or other of the year, has not applied for a little "doctor's stuff," as they call it, for some ailment, however trivial it may be.—Then, with respect to those who really are ill, how far will half-a-crown go in simply supplying them with medicines, to say nothing of attendance and skill unrequited altogether? The only persons who really have a right to enrol themselves in a club for the purpose of paying a small sum for medical care, are those who are just one degree above pauperism; who are industrious enough and economical enough to be able to put by a trifling sum weekly, and who are too proud to receive parochial relief, whether in the shape of medicine or of a gratuity. These are the people from whom a surgeon must be content to receive his three shillings per head, or nothing at all; for to send them in a bill would be to waste time in making it out. But instead of this class of men alone forming the medical clubs in country towns, the small tradesmen, and the labourer or mechanic who, as your correspondent says, earn from eighteen to forty shillings per week, are allowed to enrol themselves as members—people who are able to pay in the course of the year as many pounds per head for medical attendance as they pay shillings by belonging to a club. There are many labouring men whose wages vary from eight to twelve shillings weekly, according to the season; and if these men, who often have large families, are enabled with their assistance to live, those who receive ten or fifteen shillings per week more cannot be conceived to be under the necessity of contracting to be attended by a surgeon all the year round for the sum of three shillings.—Your Liverpool physician, I presume, has no medical clubs, otherwise he would not say that £150 would repay any surgeon for a year's attendance on a thousand people, nor calculate the sum paid for the care of one-third of the number at ten shillings and sixpence per head, instead of nine shillings. His reasons for this rate of pay being abundant are truly wonderful. He says, "it pays a man very well whose education has cost two or three hundred pounds!" Supposing a young man to be able to acquire a surgical education for this sum, which however he cannot do, are his talents to be estimated by the money he has spent in the acquirement of knowledge, and his remuneration to be a percentage on the sums expended in learning his profession? At this rate, a dolt who has paid £500 to be apprenticed to an hospital-surgeon, should receive for his services double the sum paid to a clever surgeon, whose apprentice fee has amounted to only £250. What an off-hand mode of forming an estimate of surgical ability!—To return to the subject of medical clubs—an appointment as surgeon to one of them is very much like that of parish-surgeon; that is to say, it is never considered by any medical man as a fair remuneration for his medicines and toil from one year's end to the other; on the contrary, such an office frequently occasions absolute loss; but, on the other hand, it occasionally serves as a species of introduction to a better class of patients; and (which is considered by the old hands as of still greater importance) such a berth serves to keep out young practitioners, who might edge themselves into practice if allowed to attend 500 or more of the working class, who are ever ready to cry up their own surgeon as a performer of miracles.

VINDEK.

SMALL-POX.—A letter from South America states, that the small-pox had desolated the city of Panama, the population having been reduced by it from upwards of 20,000 to less than one-half. Almost every family in the city had suffered by it, and the inhabitants had no knowledge of any means to stay its progress.—*New York Herald*.

YOUNG SURGEON ON SHIPBOARD.—CHAP. V.

By A. GRANT, Esq., M.R.C.S., &c.

On the 10th of July we cast anchor in Madras Roads, weighed upon the 18th, and arrived in the River Hooghly upon the 31st. During this month there are in all 34 entries; of these 10 are cases of diarrhoea, one of dysentery, and one of cholera.—The thermometer in the shade ranged from 85 to 95 degrees. At Madras the crew had great facility of indulging in the variety of fruits which a tropical country at every season affords, and being neither very particular as to quality or quantity, we have in this a sufficient cause for the prevalence of diarrhoea. The treatment of these cases was similar to that adopted during our stay in Calcutta, to which I shall allude presently. The case of cholera occurred in the person of a strong young man, who had taken during the day large quantities of lime-juice. The symptoms were violent vomiting and purging, acute pain, and burning sensation in the epigastrium, with spasmodic contractions of the muscles of the extremities. These spasms were with difficulty overcome by repeated doses of æther and laudanum, and assiduous friction with a strong anodyne liniment. After the more violent symptoms had been subdued, a purgative was prescribed, and this having acted, the disease ceased on the removal of its exciting cause. The patient on the third day returned to his duty.

The only other cases possessed of interest were one of delirium tremens, and one of malingering. This was the second attack of delirium tremens which this person had laboured under since our departure from England. Upon both occasions the disease was removed by opiates, and a moderate allowance of the stimulus, a temporary abstinence from which appeared to have caused the attack. There was considerable excitement, which required the administration of saline purgatives and diaphoretics. In such cases I have found the *liquor opii, sedativus* of Mr. Battley, more effectually quiet the cerebral excitement than opium or any other of its preparations. Malingering is not common on board merchant vessels. I have met with very few instances of it, and to discover these it required no great tact. Its frequency in our army and navy arises, in most instances, from anxiety to procure a discharge; but in merchantmen there is no such inducement, laziness therefore can be their only motive, and few will be found who, to indulge their idle propensities, will suffer the punishment of swallowing medicines, having their grog stopped, and being placed upon low diet. In the case referred to, the symptoms complained of were pain in the back and head, with giddiness. His bowels were well opened, and he had an emetic, but no relief followed. His pulse was regular and good, his tongue clear, and his general aspect nothing changed. This excited my suspicion, and more particularly as the man bore a bad character, both with the officers of the ship, and with his messmates. I did not disclose my suspicions to the patient, but on the contrary seemed to take the greatest interest in his case, was most particular in visiting him, and dosing him with the most nauseous medicines, which he swallowed with great indifference. After holding out for nearly three weeks he at length began to admit that he was getting better, and to escape his evening dose of medicine he would promise to be at work on the following morning. He several times made this excuse until it would suffice no longer, and at length tired of drugging, he confessed that he was quite well, but intended to do no more work on board the ship. This, as in duty, I reported to the captain, who

behaved very leniently to him, and at Calcutta he ran from the ship. The private character of the person greatly assists our diagnosis, but it is well to be very cautious in all cases, and to treat for the symptoms complained of until there be decided proof that the patient is imposing upon us, for it is better that a dozen malingerers should escape, than that one innocent person should suffer wrongly.

AUGUST AND SEPTEMBER.

These two months were spent at Calcutta, discharging and taking in cargo. This is the period of the year called "par excellence," the "rainy season." The weather is extremely close and oppressive, and every kind of labour is followed by great exhaustion, the atmosphere being generally loaded with a dense vapour, which causes a disagreeable relaxation of the pores of the body. Our ship was anchored about the centre of the river, opposite Kidderpore, and only a short distance below Calcutta, but during the last three weeks of our stay we removed closer to the banks into moorings; here at the full of each tide a large surface of mud, always containing much animal and vegetable matter, was exposed, and the united effects of heat and moisture caused rapid decomposition, and the exhalation of a poisonous miasma which would often excite a degree of nausea; this is the fertile source of Bengal remittent, and we accordingly find that fever is always most prevalent about the end of the rainy season, when the waters begin to subside.

The ship's company in harbour have a daily allowance of fresh meat and vegetables, and independent of this they generally purchase, at their own expense, bread, eggs, and other small comforts; their fare is therefore much better than at sea, and their allowance of grog is doubled. I cannot agree with those medical men who place such restrictions upon the diet and drink of all Europeans entering a tropical climate, and however necessary a spare diet may be for those who lead an idle life, I am quite satisfied it is not suitable for those working hard during ten hours a day; I am of opinion that a nutritious diet and a moderate allowance of stimulants is conducive to the health of the sailor, and that if he were deprived of this he would soon sink under the injurious influences of the climate. The fruitful source of sickness among European seamen is their imprudence when allowed on shore: this leave is generally granted upon a Saturday or a Sunday, and they view it as a license to indulge in every species of excess and of folly. They may be seen often lying drunk in the streets at night, exposed to the damps of the climate, and during the day without, perhaps, a covering to their head for hours to the powerful rays of a tropical sun. They seldom escape with impunity, and often the consequences are most melancholy.

The total number of cases during August and September were 98, of which 97 recovered, and one died. During the month of August there occurred 10 cases of diarrhoea, 3 of cholera, and four of fever. During September, 25 cases of fever and 1 of diarrhoea, so that the one month was marked by the prevalence of diarrhoea, and the other by the prevalence of fever. The cases of diarrhoea arose from indulging in fruit, from drinking bad water, or from cold caught by sitting in wet clothes, or exposure to a current of air. The treatment consisted in giving a dose of castor oil with a few drops of laudanum; this at once removed any irritating matter lodged in the alimentary canal, and soothed the excited mucous membrane. After the operation of the oil an anodyne astringent draught was given at bedtime, which seldom failed to allay the increased action of

the bowels, and to procure a good night. I was in the habit of prescribing 40 gtt. tincture of opium with 1 drachm prepared chalk in one ounce of peppermint water, at times substituting tincture of catechu for the chalk, or if I wished to act upon the skin adding one fluid drachm of sweet spirits of nitre, or 10 grains Dover's powder with 2 grains of calomel. This alternation of purgatives with astringents was continued until the functions of the bowels assumed a healthy character; strict attention was paid to the diet, the patient being only allowed dry boiled rice, arrow-root, sago, or tea and bread. When the attack was ushered in with vomiting, and when assured that the stomach was emptied, I then gave one or more effervescing draughts with tinctura opii, and the vomiting being checked, a cathartic was ordered as in other instances. The duration of these cases was from one to three or four days, in very few instances exceeding this; no case of dysentery occurred during our stay at Calcutta.

The three cases of cholera were very similar to that already described. They did not present the grave symptoms of Asiatic cholera, but rather come under the description given by writers of "British cholera." There was no blueness of the skin—no serious collapse—but only violent vomiting and purging of a thin watery fluid, heat and pain at the scrobiculus cordis, cramp in the extremities, an anxious and sunken countenance, great thirst, a dry skin, and parched tongue. The treatment was very general. In one case where the pain and spasm of the abdomen was very severe, I used externally a strong anodyne liniment, assiduous friction, and afterwards fomentations as hot as could be borne. To allay the vomiting, effervescing draughts with laudanum, and to affect the bowels, calomel and opium. In the other two cases, where there was a greater depression of the vital powers, I combined the draughts with stimulants—wine, aromatic spirits of ammonia, or brandy. After the more urgent symptoms had been subdued, the bowels were some time before they acted regularly, and the patient was left in a very weak state. By a moderate and nourishing diet, and the use of some mild tonic, the recovery went on slowly but steadily, and only in one instance was there a relapse from the neglect of these precautions.

All the cases of fever were rather of a mild character, and ran their course with that rapidity which characterizes tropical pyrexia. It has been already observed, that in the fever which prevailed during the month of March, the more serious local symptoms were confined to the chest; the present cases, however, were marked in almost every instance by derangement of the functions of one or more of the abdominal viscera. The attack was ushered in by rigors and flashes of heat, frontal headache, tenderness of the eyeballs, languor, lassitude, nausea, and frequently vomiting, a loaded tongue, high-coloured urine, and a deranged state of the bowels. There was always an evident morning remission, and evening exacerbation at times, accompanied with delirium. The exciting cause would be traced either to lying at night in the open air upon the main-deck, or to the usual excesses on shore—a day of liberty was always marked on the following days by a considerable accession to the numbers on the sick list. The treatment I found most successful, was to commence with an emetic of tartarized antimony, which relieved the stomach of a load of undigested matter, mixed with vitiated bile, this was followed by eight grs. of calomel, three grs. of powdered ginger, and half a grain of opium, and in six hours afterwards a purgative.

TO CORRESPONDENTS.

W.—The intensity of common electricity is in proportion to the space of air through which it passes; and, with regard to the Leyden jar, the intensity of the fluid diminishes as the quantity of surface over which it is spread increases. Dr. Franklin, who traced a perfect analogy between electricity and lightning, was the first to make use of pointed conductors for the protection of buildings. Fine metallic points have the property of quietly drawing off electricity; and Franklin's well-known experiment with the electrical kite proves that, in this respect, electricity is identical with lightning. It was the success of this experiment that led the way to the adoption of conductors as a protection against the effects of thunder storms. These storms, although very awful, and sometimes attended with disastrous effects, are yet highly valuable in the economy of nature, by purifying the air, and fertilising the earth, at those seasons when they appear.

RECEIVED.—*Leçons sur les Fonctions et les Maladies du Système Nerveux. Par M. Magendie; Recueillies par M. James.—Cours de Pathologie Chirurgicale. Par M. Marjolin, Professo à la Faculté de Médecine. Tom. 1.—Traité Pratique d'Auscultation. Par Messrs. Barth: et Roger.—From Mr. Hawes: the "Medical Profession Bill."*

ENQUIRER.—Several convictions have already taken place under the Vaccination Act.

WESTMINSTERENSIS.—We shall make a report when anything occurs worth reporting.

ERRATUM in a previous number, page 33.—In the case of Poisoning by Chewing the Lattyrus Odoratus, a part of the treatment is made erroneously to consist of the administration of seven deci-grammes of lime, which should have been oxide of zinc.

MR. FLETCHER'S paper in our next.

SURGEONS TO MERCHANT VESSELS.—The exposé of the system shall appear.

M. H.—The trick is a most disgraceful one.

Is MR. PARKERSON, of EAST DEREHAM, a Scotch Dub? or has he the fingering of some quiet medical-monopoly-fund? that he is so affrighted at Medical Reform.

Professional Self-Trumpeting in our next.

THE MEDICAL TIMES.

THOUGHTS ON LEGISLATIVE OR EXTERNAL REFORM OF THE BRITISH MEDICAL POLITY.

WE cannot proceed to our second paper without making a few further remarks on our corporate institutions in medicine and surgery. The learned corporations, the Colleges of Physicians and Surgeons, were first formed in imitation of those of ancient Rome, and afterwards of Italy and many other countries of Europe, to keep "the SCIENCE of medicine in its just BEAUTY, and SPLENDOR;" (!) to give security to the public, for the proper EDUCATION and RESPECTABILITY of the profession at large; to protect the interests of both the public and the profession; to promote the advancement of medical knowledge; and, above all, to "compel the exclusion of the illiterate, and the banishing of all odious impostors!!!" We consider, in accordance with the Licentiate Physicians of London, who petitioned the Legislature, about five to six years ago, that the Royal College of Physicians of London has departed widely from its original charter; usurped powers for the aggrandizement and emolument of a few of its number at the expense of the rest; and arrogated for those few, an exclusive monopoly of privileges upon no substantial

ground of superior qualifications, by creating strange and artificial types of medical precedence and heraldry, ideal and nominal distinctions of ranks and ORDERS, under the different denominations and distinctions of Fellows, Licentiates, and Extra-Licentiates; by constituting their Fellows a privileged class, and by imposing a stamp of comparative inferiority and degradation upon these licentiates, though the latter, as a body, have ever been the highest in practical skill, and in public estimation and employment. The selfish purpose and private corporate policy to which the London College of Physicians has prostituted itself, has been to elevate the Oxford and Cambridge men, who have been but little valued as physicians, by depreciating others; to create nominal distinctions, and badges of vanity and self-interest, independently of all natural superiority, arising from superior learning, and superior abilities; to observe the base and sinister policy of a thoroughly corrupted, close, irresponsible, and self-elected corporation. It has proved a failure! From envy, jealousy, fear, and the most malignant and selfish principles of the human heart, it has oppressed, persecuted, excluded, and martyred men of science and letters, who were superior ornaments to their profession and their country.

ENGLAND.—NO II.

In England and Ireland, the power of preventing persons from "exercising the art and mystery of apothecaries," in those countries is vested in two Halls or Corporations of Apothecaries, situated in the respective capitals. In Edinburgh the right of examining and licensing in Pharmacy is vested in the Royal College of Surgeons of that city, and forms part of the legal qualifications guaranteed to Fellows and Licentiates of surgery by the diploma, and the license of that body.

FRANCE.—NO II.

The right of examining and receiving for all France, students destined for the practice of the apothecaries' art, and the office of teaching the theory and principles of this division of the profession in public courses; of overlooking its exercise, of denouncing its abuses to the authorities, and of promoting its progress, is vested in the three Schools of Pharmacy at Paris, Montpellier, and Strasburg, where are situated the three Schools of Medicine. (*See Organisation des Ecoles de Pharmacie, Beullac's Medical Code.*)—In Austria, the Pharmaciens alone are permitted to deal in drugs and medicine.

REMARKS.

While we acknowledge the convenient and profitable interference of the Apothecaries' Society in procuring a partial remedy against IGNORANCE and QUACKERY, and so supplying temporarily the unaccountable neglect of all other legislation for the last 300 years, we cannot but regard with disgust, the attempt of these trading vendors of drugs at permanent encroachment upon the proper provinces of the physician and surgeon, both in education and practice.—We have viewed with similar feeling their forcing upon the physician and surgeon for so long a time, the useless and menial service

of apprentice-hood, a system or custom long since utterly scouted and abolished on the continent. But as apprenticeship is now almost wholly superseded, we must, in candour, admit that the Society omitted it in a previous Act, but the Archbishop of Canterbury, unwisely moved its retention. Moreover, we regard with equal astonishment and disgust, the further perpetuation of their power to prevent regular physicians and surgeons from compounding their own medicines without their licence—an usurpation in direct contradiction to common sense, and to the ancient law of the country, which expressly permitted physicians to exercise the "art and mystery of apothecaries," and who, for a length of time, availed themselves of this privilege. We marvel more at this anomaly, when, on the other hand, we behold everywhere PURE apothecaries, and RETAIL DRUGGISTS and VENDORS of QUACK MEDICINES, not only compound and dispense dispensary prescriptions, but also constituting a new order or regime, denominated COUNTER-DRUGGIST-SURGEONS, but also attend in surgery, medicine, and midwifery; take upon them the care of workhouses and parishes now in Unions, and as all experience proves, to the frequent and grievous hurt of their unfortunate and indiscriminate patients. We shall certainly press the propriety of incorporating retail druggists and apothecaries together, as a separate and distinct body, in like manner to the *Pharmacien* of France. We must certainly point out that in Ireland, until lately, and in France always, the apothecaries art has been properly confined to pharmacy and medical chemistry, the compounding and vending of medicines; and in the latter country, the office of teaching that division of the profession is vested in THREE colleges, distinct from those of medicine and surgery, in which pharmacy and chemistry have been prosecuted notoriously, with a superior system of education and higher degree of scientific renown to the members, than the London Commercial Company, collectively and individually, can ever show any pretensions to.

DEATH OF SIR ANTHONY CARLISLE.

ON Monday evening last, November 2, at half-past seven p.m., Sir Anthony Carlisle breathed his last. By the death of the worthy knight, Mr. Liston expects to obtain a seat in the Council of the London College of Surgeons, and Mr. H. Thompson the post of full surgeon at Westminster. In our next we will give a sketch of the life of Sir Anthony.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 24th October, 1840:—

Epidemic, endemic, and contagious diseases	158
Diseases of the brain, nerves, and senses	134
Diseases of the lungs, and other organs of respiration	248
Diseases of the heart and blood-vessels	12
Diseases of the stomach, liver, and other organs of digestion	49
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	16
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	109
Old age, or natural decay	70
Violent deaths	27
Causes not specified	2

Deaths from all causes

835

FOREIGN JOURNALS.

Gazette des Hopitaux.—*Journal de Chimie Medicale.*—*L'Experience.*—*Hufeland's Journal.*—*Gazette Medicale.*—*Monatschrift für Medicin.*—*Medicinisches Correspondenz-Blatt.*—*Zeitschrift für die Gesamte.*—*Wochenschrift für die Gesamte Heilkunde.*—*Zeitschrift für die Gesamte Medicin.*

Nevrome attached to the Suborbital Nerve.
Ablation of the Lower Orbital Plate.—The *Experience* contains a report of this case by M. TAVIGNOT. In the year 1837, the patient was received under the care of M. Blandin in the Hotel Dieu, with a hard, irregular, colourless tumour, about the size of a partridge's egg, in front of the left suborbital foramen, adhering to the bone, and extending into the canine fossa, with lancinating pains. The skin above it was sound. The tumour had been previously extirpated, but had grown again. The left part of the upper lip, and the lower eyelid of the same side, were paralysed as to sensation, but their motion was unimpaired. The lower eyelid was œdematous, and the eye itself was forced upwards and backwards by the tumour, but the sight was not affected.—The tumour was pronounced to be scirrhus, (*Colloide* of Laennec,) seemingly originating within the suborbital foramen. The orbital plate was removed in order to the extirpation of the diseased mass. The maxillary sinus on being laid open presented no trace of fungous or cancerous affection. The suborbital nerve was divided as near as possible to its origin, and the tumour was thus removed. It was in fact a nevrome of the suborbital branch of the fifth pair.

Products of the dry Distillation of Citric Acid.—The *Revue Scientifique et Industrielle* has a notice on this subject, which has been studied by Dumas, Berzelius, Lassaigne, Robaquet, and others. Lassaigne first pointed out the *pyrocitric acid*. Boullay remarked the disengagement of *acetone*. Baup described two isomeric acids; one sparingly soluble in water was called *citric acid*, and the other very soluble received the designation *citribic acid*, which last was considered to be identical with that which Lassaigne and Dumas had studied. Finally, on submitting citric acid to a degree of heat capable of producing empyreumatic products, a third, or *citridic acid* was produced. This last acid was examined by Dahlstroem and Berzelius. The latter concludes that it is identical with *aconitic acid* (pyro-citric.) The citric acid also produces by dry distillation, *acetone*, *oxide of carbon*, and *carbonic acid*.—M. CRASSO on the recommendation of LIEBIG, turned his attention to this subject. "Citric acid," he says, "distilled with gradual heat, leaves scarcely any residue." It was therefore resolved to operate with small quantities of acid in order to arrive as rapidly as possible at the temperature necessary for its decomposition. From 70 to 80 grammes were put into a retort capable of containing double the quantity. This was exposed to the flame of alcohol of such a size that the operation was completed in ten minutes. To cool the products of the distillation the neck of the retort was adapted to Liebig's apparatus.—The citric acid, after being dissolved in its water of crystallization, enters into a rapid ebullition, and disengages the water. In a few minutes white fumes are perceived in the neck of the retort, which soon penetrate into the recipient. They burn with a blue flame, have an acid, spirituous, and suffocating odour, and were proved to be acetone and oxide of carbon. The decomposition of the acid begins with the disengagement of

these two bodies. In order to determine whether the acid had become altered before this period, the action of the fire was interrupted before the white fumes appeared. The residuum in the retort was dissolved in water and rechrystallized.—*Pyrocitric* or *Aconitic acid*. On continuing the distillation of the citric acid and raising the temperature, the white fumes gradually diminish, and the gases which come out from the recipient lose their inflammability, while a colourless acid liquor containing a great quantity of acetone condenses in the recipient. Oily striæ are seen upon the neck of the retort. The composition and the properties of the acid as well as its atomic weight accord so fully with the characters of the *aconitic acid* extracted from the *aconitum napellus*, that their identity cannot be doubted. The *aconitic acid* is therefore no other than the *pyrocitric*. When its ethereal solution is slowly evaporated, it takes the form of a mammillary crust. Its chrySTALLINE form is not yet defined, it is soluble in æther and alcohol, and more readily in water. It melts without decomposition. Heated beyond its point of fusion it produces a new pyrogenous acid and an empyreumatic oil, while a black and pitchy mass remain, which by prolonged heat leaves a voluminous coal; as Buchner remarked concerning the same acid when extracted from the *aconitum napellus*.—The *Revue* gives the description of its compounds, *Aconitic æther*, *aconitates of potash*, *of soda*, *of ammonia*, *of barytes*, *of silver*.—*Pyro-aconitic* or *Itaconic acid*: During the period of the distillation of the citric acid, when the oily striæ are perceived on the neck of the cornea, an oleaginous acid and caustic liquor falls to the bottom of the first distilled liquid, and assumes a chrySTALLINE form sooner or later, according to the degree of refrigeration. As soon as this product appears, the residue, instead of boiling up as at first, becomes of deeper colour and is covered with scum. When yellow vapours appear the operation must be suspended. This acid is oily and more ponderous than water; if agitated with water and left to settle, it will be found separated in little drops. A part dissolved in the water, which becomes extremely acid when it is left to cool very slowly by being placed in warm sand, needle-shaped chrySTALS are formed in starry groups. This acid is doubtless the *citric acid* of M. Baup.—The products described are *itaconic æther*, *itaconate of potash*, *of barytes*, *of strontian*, *of lime*, *of silver*. The greater number of itaconate salts have been described by Baup under the term *citricates*.—*Citraconic Acid*: The *itaconic acid*, by the action of fire, gives birth to a new acid, the *citraconic*. By casting in a retort the oily product obtained in the distillation of the citric acid, we obtain in the recipient two liquids of different densities; the upper layer is the water, the lower one is the acid in question. It is oily and does not chrySTALLIZE. To obtain the anhydrous acid the product must be redistilled. The water first comes over, while the point of ebullition is gradually raised; as soon as it has reached 200° centigrade, the product is milky, but it clarifies when the boiling point has become constant. At this period the recipient must be exchanged for a very dry one; a liquid then comes over which is colourless, and free from odour, of an acrid acid taste, and precipitable in water. On being agitated with that liquid it separates in drops, whose bulk gradually diminish; if left long in water, it entirely dissolves. The compounds here described are *citraconic æther*, *citraconate of ammonia*, *of potash*, *of soda*, *of magnesia*, *of chalk*, *of barytes*, *of strontian*, *of silver*, *of lead*, *of mercury*, *of nickel*, *of cobalt*, *of manganese*, *of iron*.

CLINICAL LECTURE ON EXCISION OF JOINTS.

BY MR. BRANSBY COOPER.

Delivered at Guy's Hospital, Wednesday, October 28, 1840.

GENTLEMEN,—Of all kinds of instruction clinical instruction is perhaps the most serviceable. Among your friends you may have one who will describe to you every symptom and character of a disease; he may tell you all that has ever been written or said about it, and yet, when brought to the bedside of the patient, his thoughts may waver, and he may show himself to be quite unable to apply the means for its cure. He may write essays, he may compile works, but if he has not studied at the bedside—if he has not learned to apply his knowledge—if he has no stock in trade ready for use—he is not fit to practise. Constantly you will see a crowd of pupils going round the wards—all apparently very industrious men—but what are most of them doing? Watch, you will see them here and there catching a remark from the surgeon, taking a glance at the patient, perhaps feeling his pulse or his skin, learning the name of his complaint, and then hurrying on to the next bed. But what should they do? Need I say, that having found out the nature of the disease—having marked its signs and characters—they should make a point of obtaining from the dresser of the week, or from the surgeon himself, its treatment. Depend upon it you must watch disease, and that thoroughly, if you wish to treat it with safety to your patient, or credit to yourself.—The object of such lectures as these is to explain to you what you yourselves have the opportunity of seeing; and I am about to bring before you the cases of two patients now in the house, who have had diseased joints excised, instead of undergoing the more usual operation of amputation. This is not a new operation; it was performed many years since, and the statistical accounts which have been published render it a matter of surprise that it has not been more frequently had recourse to. In itself it is exceedingly interesting; see what it proposes, I speak particularly of the upper extremity, the removal of the disease, at the same time the saving of the arm; while by amputation the disease is taken away, it is true, but the individual is made an object of commiseration for ever afterwards. It is not a dangerous operation; the constitutional irritation which succeeds is not greater than after amputation itself. The parts are not very sensitive, so that the pain during the operation is not very great; there is very little hæmorrhage, for no vessels of any size are divided, and indeed the only difficulty in the operation is the avoiding any injury to the ulnar nerve, and this is easily done by cutting sufficiently to its outer side. Lastly, not merely does the patient lose a diseased joint, but mostly obtains a limb which is very useful; how then has it happened that it has been so much lost sight of? Why, the answer is, I believe, because of the difficulty which every one knows there is of overcoming prejudice.—The impression regarding the dangerous nature of wounds into synovial membranes has had, no doubt, much influence in this matter. Now, allowing that impression to be correct, it can have no weight here, for the condition of the synovial membrane is quite altered; all analogy is gone between it as it exists in the healthy and in the diseased joint; it is no longer a closed sac, the peculiar characteristic of these structures; for fistulæ open into it, its function is gone, for it no longer secretes synovia; and if the disease be of long standing, you will find most probably that it has disappeared altogether. If any one

were to ask my opinion respecting wounds in synovial membranes, I should express considerable doubt regarding the peculiar danger generally attributed to them. Punctured wounds, it is true, are always dangerous; they excite much inflammation, the inflammation is difficult to control, an inordinate quantity of secretion is poured out, and much constitutional disturbance is excited. But there are plenty of cases where synovial membranes have been torn open, joints exposed, and all this without much constitutional irritation. In the operation, too, for the extraction of loose cartilages, we know that if the inflammation is subdued, so that there is no inordinate degree of secretion from the membrane, no ill consequences ensue, but the wound heals by the first intention. These are facts which bear on the subject before us, but they require a much stricter examination than they have hitherto received.—It becomes an important question in what cases the operation of excision is applicable, and it requires some hesitation in answering this. In the diseases of the knee-joint I am doubtful whether the condition of the patient after excision will be better than after amputation. The functions of the upper and lower extremities differ widely, and in no point more than in this—that in the lower, the integrity of both is essential, they must both act in concert for the proper performance of their office, while in the upper, each is independent of its fellow. Now after excision a stable union is not obtained; in the ankle-joint perhaps you might have ossific ankylosis; but in the knee you would in all probability have a moveable joint, an amphiarthrosis, and this would be incompatible with locomotion. This subject, however, has not as yet been sufficiently investigated. Of course you would not operate if the patient were in an unfit state from any cause, if labouring under malignant disease, diseased heart, &c.; this applies equally to amputation. But it may be asked, will not nature effect the desired object?—Why, that is the question—she tries to do it. In strumous affections of joints, if the disease first occur in the earlier periods of life, the bone is primarily attacked, if in a later period, it generally commences with inflammation of the synovial membrane, excited by some blow. You know the habits of struma—how what in a healthy condition would be acute inflammation, in the strumous at once assumes the chronic form; what in the first case would terminate in resolution, in the second slowly and insidiously goes on. Then comes a suppression of the synovial fluid, the motion of the joint is impaired, the muscles become stiffened, the cartilage, commencing at its ossific surface, becomes detached and softens down, bone comes in contact with bone, caries or ulceration follows. In the attempt of nature to throw off the disease, fistulæ are formed, and from these a foetid discharge, bringing away spiculæ of bone, is poured forth, and now the joint, its structure destroyed beyond hope of restoration, in nine cases out of ten, or rather ninety-nine out of a hundred, is removed by amputation. Here, then, you have the most common case for the cure of which excision seems fitted. But even here must we always excise? Well, if the constitution remain unimpaired, if the appetite be good, I should say not; leave it still to nature, assist her, perhaps, by dilating the opening with sponge, tent, so as to get rid of the diseased bone, and when this is effected surfaces of healthy bone and healthy vessels may come together, adhesive matter may be thrown out, vessels inosculate, the fistulæ heal, and a new partial joint be thus formed. And what does the operator do? Why, when the bodily health begins to suffer from this reparative process he

hastens it by taking away roughly, but in a quarter of an hour, what nature may be years in performing. It is evident both have the same object in view.—One word before I read to you the cases which illustrate the above remarks. Mr. Blackburn, who some time since published an excellent paper on this subject, has stated, that when after the operation exfoliation occurs, the patient recovers with a moveable joint, but when it does not occur, there is ankylosis. In my experience I have not found this to be the case, it was not observed in the two men on whom my colleague, Mr. Key, performed the operation this year, both of whom had extensive motion in the new joint when they left the hospital. Should Mr. Blackburn's remark be verified by further experience, and it is deduced from a statistical survey of all the cases of which reports then existed, I need scarcely mention the propriety of an early attention to obtaining an useful angle when the indication of ankylosis shall exist.

CASE I.—“Charles Justice, æt. 17, a stout boy, of florid complexion, but of a very strumous habit, has been engaged as a farmer's servant in Oxfordshire. He states that he has lived very sparingly, but that he has enjoyed good health until March last, when in an attempt to lift a sack of beans, he strained the elbow-joint of the left arm. This was soon followed by considerable pain, inflammation, and swelling about the joint. The symptoms continued to increase in severity, but no application was used until the fourth day after the accident, when a bread poultice was applied. He continued to be engaged in his employment, but at the end of a fortnight an abscess burst, at the posterior part of the joint. A surgeon now saw the arm, ordered cold lotions and rest, and afterwards carrot poultices; but the boy not improving under this treatment, he went into St. Thomas's Hospital for relief.”—Here, you see, you have the ordinary description of the effects of an injury inflicted on a joint in a strumous constitution, the inflammation, no doubt, commencing in this instance in the strained ligaments, continued from them to the synovial membrane, &c.—“He remained twelve weeks under the care of Mr. Green, of St. Thomas's Hospital. Two issues were placed, one above and one below the joint, but do not appear to have altered the amount of discharge from the sinuses. No other remedies were tried. At the end of this period he left of his own accord, and on the following day entered Guy's Hospital under the care of Mr. Cooper. There was then around the joint a hard swelling, having an inflamed surface, which extended upwards to the middle of the humerus, and below to midway between the wrist and the diseased joint. There were two sinuses communicating with the joint, and leading to diseased bone. The cartilage appeared to be entirely absorbed; the actions of the forearm and fingers are all very much impaired; he is becoming thin, weak, &c. He was ordered quinine with Hydr. c. Creta, grs. iij; Sod. Subcarb., grs. v; P. Rhei, grs. iij, o. n. s.—The disease, however, continuing to make further progress, and the boy's health becoming impaired, Mr. Cooper determined on excising the joint, which was accordingly done on Tuesday, October 13. The patient being laid on his abdomen, the arm was extended, and the elbow, as much as the diseased condition of the joint would allow, fixed over the back of a chair.”—This is certainly the best position for the operation. I have seen it done otherwise; I have seen it with the arm laid flat on the table, but the parts are not so well supported, nor so clearly exposed to view. Perhaps a chair back with such an opening as would allow the forearm and hand to be moved freely through it, would

be an improvement; we might thus be able, when the joint is opened, more thoroughly to expose and examine the parts which require removal. Depend upon it, in all surgical operations, position is of great importance; and I may here mention to you as a general rule, that where it is possible, place your patient in the recumbent position, for you take away all fixed point for muscular action. You'll find there is no position where all movement is so much under control.—“Two parallel incisions, each about three inches in length, were made on either side of the olecranon process, and these connected midway by a transverse incision. The two flaps were then dissected back, and the tendon of the triceps removed from its insertion. The olecranon being thus exposed was sawn through. The head of the radius was cut away by means of a pair of bone forceps, while the surfaces of the condyles were so soft as to be readily paired off by a scalpel. The edges of the wound were then brought together (no artery that required a ligature being divided), and connected by sutures, and the patient sent to bed. Warm water dressing was applied to the wound.”—With regard to the operation this is the chief point to be attended to,—your outer incision may be as near the external condyle as you please, but your inner one must only just clear the edge of the olecranon process. Suppose a man who had carelessly read a description of the operation, without remembering anything about this, were to go slapdash through the ulnar nerve, destroying at once the sensation of two fingers. Why, you may imagine this would be anything but agreeable. So remember, if you perform the operation, to cut close to the inner edge of the olecranon, while as to its outer edge you may cut an inch beyond it.—Mr. Cooper then read a daily report of the progress of the case. From this it appeared, that the febrile symptoms immediately following the operation had speedily subsided under the use of saline aperients; that the joint has since been perfectly free from pain; a healthy discharge established, and that now the wound is rapidly filling up, and the patient doing well in every respect.—On closing the report, Mr. Cooper observed: I shall make only one further remark on this case. I did not remove nearly the same quantity of bone in this as in the second, I believe hardly enough. It won't do for me, Gentlemen, when we meet here together, to keep anything back from you which I ought in honesty to tell you, and I give you my honour, whenever I have met my clinical class here, if in detailing a case it has occurred to me that I could have done better than I had done, I have never omitted to mention it. The great object in this operation is to assist nature as much as possible in getting rid of the disease, and when you can safely remove every portion of the diseased bone, you should do it. Another advantage is this, you obtain a more perfect adaptation of the soft parts, which are thus brought closer together.—The time having nearly elapsed, Mr. Cooper read very rapidly the notes of the second case, which as regards the operation and its effects, did not materially differ from the former. The patient was a female, æt. 21, and appeared to have had the joint diseased for some years, the disease having been latterly aggravated by a blow. The operation was performed on Tuesday, October 20. She has not had a single bad symptom.

MEDICAL OBITUARY.

At Stoke Newington, R. Tyser, Esq., M.D., in his 62nd year.—Dr. John Sinclair, Assistant-surgeon of the Excellent, occasioned by being thrown from a gig, on Saturday, the 24th of October.

CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.

To the Editor of the 'Medical Times.'

HONOURED SIR,—I am happy in being able to inform you, that Mr. Swubs has signified his intention of proceeding to Paris in the course of a few weeks, to study (as he calls it) operative surgery and dissections, and moreover, that he will be accompanied by Mr. Okes—at least such is his present intention. Being on very good terms with the last-named gentleman, in consequence of having told his father when he came up to town, that he was the most diligent dissector in the school (for which act Mr. Okes stood half-a-crown), I have presumed to beg him to send me some outline of their doings in the French capital, as no doubt they will encounter many curious adventures. These I shall be enabled, with their express permission, to forward to your office for insertion in the 'Medical Times,' forming some sketches of an entirely novel and, I believe, hitherto unnoticed description—viz., the life of an English medical student in Paris. At the same time that they will recall numerous old scenes to the minds of those who have been there, they will give the tarry-at-home pupils a fair idea of their brothers' manner of life across the sinus of Dover.—With every sentiment of respect, allow me to remain your obedient servant,

JASPER BUDDLE.

CHAPTER XIII.—HOW THE NEW MAN WAS INTRODUCED TO THE "EAGLE," AND WHAT BEFEL HIM AFTERWARDS—(CONTINUED.)

IF Mr. Whipples had experienced any more than ordinary feelings of excitement at the prodigal display of light in the New Road, he was completely paralyzed at the glare of illumination that burst upon his bewildered retina as he entered the gardens. There were gravel-walks, and flowers, and vases, and arbours, and temples, and statues of ladies and gentlemen displaying all sorts of anatomical proportions; and to crown all, the rounds of music floating through the whole grounds from the open windows of a grand architectural elevation on their left, denominated, *par excellence*, THE TEMPLE. Here the quartette entered, and taking their seats before the proscenium, which was fitted up with lamps and orchestra, like the front of a theatre, awaited the conclusion of the overture to the 'Bronze Horse,' which the band were performing with the energy of men bent upon some serious and important task, for the commencement of the performances of the "Great French Rope-dancers."

"Is it sacred music they are playing now?" asked Mr. Whipples.

"To be sure," answered Macarthy; "its the overture to the Brazen Calf, or some other metallic quadruped. Hark at that now—aint' it a jolly tune?"

The music had arrived at that droll part of the piece, where one always feels tempted to jig off to the tune "*ri tummy tummy lumpty bumpty rumpty ittiddy tiddidy tay*," and Mr. Whipples got very enthusiastic. The imbibitions of the morning had somewhat brightened his mental imaginings, and he beat time with his Berlin glove upon the shelf before him, (used for the purpose of putting the liquor on when you chose to order any,) nodded with his head, and threw such an expression of intense delight into his features, that Swubs declared "it was enough to make the leg of a joint-stool kick with rapture only to look at him."

The overture concluded, and the bell rang for the curtain to rise. Mr. Swubs took off his hat, and having politely requested two young ladies in front to move their bonnets, which the said young ladies did in the

sweetest manner imaginable, having apparently foreseen such a thing would be required of them, by the care with which they had plaited their hair down each side of their face, like miniature imitations of the head-dress adopted by the statue of Memnon, in the British Museum, or somewhere else, but I am not sure where—these things being accomplished, the drop rose to another tune, which Macarthy told Whipples was Strauss's variations of 'Comfort ye my people.' The scene was a garden, with very yellow gravel-walks, very large blue and red sunflowers, and very white figures upon very marble pedestals, planted about the middle of the flower-beds. A strong rope stretched from two cross-pieces at the back of the stage towards the front, or to speak more properly in the graphic description of Mr. Swubs, "it arose from the standard at the end of the scene, and then ran downwards, forwards, and outwards, crossing another strainer to be inserted into the third bench of the pit, from the stage." Presently, a gentleman, all spangles and white muslin, came on and bowed to the audience. Then he jumped up upon the rope, and taking a long pole in his hand, commenced a series of very extraordinary performances, dancing and jumping, and falling down on the rope and springing up again, and balancing himself on the back of a chair, and wheeling a wheelbarrow, and all on a cord ten feet from the ground. When he was perfectly winded, a young lady, led on by a fat gentleman with a red face and white waistcoat, made her appearance, dressed like a Swiss girl, in flesh leggings, very short petticoats, and a straw soup-plate tied on one side over her right ear, and adorned with artificial flowers. The lady having made a most winning and smiling face at the audience, accompanied by a very graceful bend forwards of her lumbar vertebræ, and inclination backwards of the ossa innominata and coccyx, she was assisted on to the rope by the gentleman, and performed, in her turn, several very classical evolutions.

"What a splendid *gastrocnemius* she's got," said Swubs to Mac, in a whisper; "perhaps I should'nt like my name down for an inferior extremity—oh no!"

"Or anything else?" said Mac, winking his eye. "Halloo, Whippy," he continued, punching the new man in the ribs, "what do you think of this, my boy?"

"She's very handsome," said Mr. Whipples; "I should like to be the gentleman that led her on."

"I'd sooner be the rope she's dancing on," said Swubs, as the lady dropped down all of a sudden in a very indescribable manner, and rose again with the rebound like an India-rubber ball.

"Well, I am d—d," said Johnson energetically, quite astounded at the last feat; "she'd be a rum'un to go hunting on a broomstick, I'll be bound."

The lady now gave the balance pole to an attendant, and walking along the rope with her arms extended on each side, came quite to the front of the stage, and then commenced descending the cord, where it passed from the strainer to the bench it was fastened to. But as she was crossing the orchestra, the rope, which had not been firmly secured by the pulleys, gave a slight slip, and the dancer, thrown off her balance, fell down to the floor, with a cry of alarm. One or two of the musicians rushed forward to raise her, but she found she was unable to stand, and her face assumed an expression of acute pain, ill disguised by the rouge and white powder which covered it. The audience rose and pushed forward towards the front of the pit, the curtain fell, and in a minute all was confusion.

"I have hurt myself very much," said the poor girl, scarcely able to speak from suffering, and her previous exertion; "I am sure something is broken in my foot; I felt it crack when I fell."

"Is there a surgeon in the house?" said the gentleman in the white waistcoat, who had let himself down from the stage into the orchestra.

Macarthy, Johnson, and Swubs, all rose at once, and answered in the affirmative. The crowd immediately allowed them to pass down to the orchestra, leaving Whipples in charge of their coats and hats, which they had taken off.

"I think you had better get the place clear," said Macarthy to the gentleman.

The person addressed concurred with him in the opinion, and mounting on one of the orchestra chairs, informed the audience that the concert would commence immediately in the saloon, at the same time begging they would repair thither. Accordingly the concourse moved off, and the musicians followed them by a side door, leaving the manager, Mac, Swubs, Johnson, and Whipples alone.

"Now," said Mac, kindly, to the poor rope dancer, "tell me where you feel most pain?"

"Here, sir, in my ankle," returned the girl, putting her hand on the external malleolus, "I can't turn my foot inwards."

"She speaks very good English for a French girl," whispered Whipples to Johnson.

"Pish!" was the reply, "she's no more French than you are."

"But it says so in the bill," gravely returned Whipples.

"D—n the bill!" retorted Johnson. "There now, don't bother."

Mr. Whipples drew meekly back, and began to watch Mac with much attention, who was grasping the foot with his right hand, after taking off the chalked and soiled white satin shoe, at the same time feeling with the fingers of his left for depression or crepitus.

"There it is!" he exclaimed, as the girl uttered a cry. "It's a case of Pott's fracture."

"Is it a bad accident, sir?" inquired the male rope-dancer, who now appeared in the orchestra, having thrown an old cloak over his spankled tunic.

"It will be some little time before it is well," replied Macarthy. "But you had better get her home as soon as you can. Where do you live?"

"In Drury Lane, sir," replied the man.

"You must have a coach," said Macarthy, "and I will come with you, with one of my friends here. Have you any friends at home?"

"I have another brother and sister," replied the rope-dancer, but they are gone with Clarke's Circus to Windsor fair; but I can find a neighbour to do for us."

The proprietor very kindly offered to pay any incidental expenses, and begged Macarthy would apply to him for remuneration for his professional trouble.

It was finally settled that Johnson should accompany Mac in the coach. There was no occasion for all to go, nor did Swubs wish it, and Whipples was too much enchanted with the entertainments to wish to leave, and too much of a novice in the profession to be of any assistance. The coach was accordingly ordered, and the party left the Eagle for the rope-dancer's home, whither it will be our duty to follow them in a forthcoming chapter.

As soon as they were gone, Swubs and Whipples entered the Concert Room, which was also very like a theatre, only the seats were furnished with small ledges for tables, so that you might sit and smoke or drink while you listened to the performance.

"Are any of the Royal Family here?" asked

the new man, casting and inquiring glance round the audience.

"Hush!" said Swubs; "don't speak so loud. I think those two ladies on your right are some of the party from Buckingham Palace; I think they are some of the maids of honour."

Mr. Whipples cast a glance at the ladies in question. They were very pretty, very tall, and very splendidly dressed, with feathers in their bonnets, and large gold earrings and forehead drops.

"They are drinking brandy-and-water," observed he, with an air of some astonishment.

"Oh, never mind that," returned Swubs; "its thought nothing of here. What shall we have?"

"I don't care—anything you like," was the reply.

"Waiter!" cried Swubs to the attendant. "Let us have some *hospital medoc*."

"Sir?" said the man, with an air of perfect ignorance of the meaning of Mr. Swubs' order.

"Pshaw!" continued Swubs; "don't you know what *hospital medoc* is? Bring a pot of half-and-half."

"We don't serve draught beer in the concert room, sir," said the waiter, quite indignant at the order.

"Then what the blazes do people come here for," replied Swubs; "what *can* we have?"

"Bottled ale, sir," said the waiter; "or Guinnesses; brandy, whiskey, gin, punch, negus, or wine."

"Then bring a quart jug, and a bottle of ale, and another of stout," said Swubs.

The waiter executed the command, and Mr. Swubs manufactured some half-and-half in the jug, which he pronounced as "capital heavy," but lamented that no galvanic circle could be formed to improve its flavour, by the absence of the pewter.

"Shall we hear sacred music here, as well as in the other place?" inquired Mr. Whipples.

"Nothing else, I can assure you," replied Swubs; "they will commence by playing 'Hallelujah with the chill off, and a cinder in it,' and conclude with 'The cat's march through the ruins of Jericho.'"

"I never heard those tunes," said Whipples.

"Nor I neither," was the reply.

The concert commenced, and a gentleman in white cotton gloves, with a piece of old music in his hand, sang a song about some very extraordinary old flag that had lasted for a thousand years in the battle and the breeze, and wasn't worn out yet, but quite as good as ever, and perhaps better for aught he could tell. Next a young lady was led on by a smart bustling man in a frock coat, and she sang, drolly enough, from the same piece of music which her predecessor had used, although it was a different song, and alluded to a young lady passing through the different stages of maid, wife, and widow, under the different head-dresses of a wreath of roses, orange flowers, and weeds, and proving the nice observation of the singer, who made very minute remarks on her appearance, although he confessed he saw her but a moment.

Mr. Whipples was very much affected at it, and encored so loudly that the lady sang it again, and when she curtsied at the conclusion, looked especially at him—at him alone!—and accompanied the look with a smile that, added to the beer he had drunk, quite turned him topsy-turvy.

"By Jove, Swubs, what do you think?" exclaimed he to his companion, at the conclusion of the next ballad.

"I can't tell at all," answered the other.

"Why, one of the Maids of Honour there

nodded at me. Look, she's turning her head again, and laughing. What splendid teeth she has got?"

"What a chap you are to get on with the women!" said Swubs, with well-feigned astonishment; "go and sit by her, and make yourself agreeable—who knows what may come of it?"

"Perhaps they won't like it," said Whipples, "and will think its taking a liberty."

"Oh, I'll answer for that," replied Swubs; "go ahead, man, and your fortune's made, you sly beggar, you."

Influenced by Mr. Swubs' encouraging air, and the effects of the Guinness and ale, Mr. Whipples went and took his seat by the Maids of Honour, who made room for him in the politest manner imaginable.

The "sacred music" continued, and Mr. Swubs lighting a cigar, leant back in extreme ease and comfort as he listened to it, watching the light vapours he blew from his mouth, as they ascended to the ceiling, and casting occasional glances at Whipples, who appeared to be 'coming out' most astonishingly. There were many more songs—some comic and some sentimental, but all very much applauded; but the one which gave most delight was 'The Angel's Whisper,' and that was rapturously encored.

"That's a beautiful song, sir," said a man who sat next him.

"All lies!" replied Mr. Swubs, authoritatively. "Do you believe whenever children smile in their sleep, that angels are whispering to them?"

"No, not exactly," said the stranger; "but it's a beautiful idea."

"Oh, whip the idea," said Swubs, nicking off the ash from his cigar with his little finger; "when children smile in their sleep, it's because there's *flatus* in the alimentary canal."

"I beg your pardon, sir," said the man; "what's that?"

"Why, the wind in the guts, if you must have plain language," returned Swubs; "it tickles the kids, and makes them smile," and having delivered himself of the elegant speech, he resumed his cigar, and turned his attention again to the stage.

In a minute or two Whipples approached him, and tapped him on the shoulder.

"What's up now?" asked Swubs.

"Have you got a sovereign?" said the new man.

"Lord, no,—what for?"

"Why, one of the ladies has left her purse at home, quite by chance, and is in a terrible dilemma. I've offered to lend it to her, only I hav'nt got one. She'll be sure to pay me—she says she'll send it by her servant to-morrow."

"Oh, she'll send him, of course," said Swubs; "but I have not got it."

"What shall I do then?" inquired Whipples anxiously; "I can't tell her we have no money."

"Why not, stupid?"

"Because she thinks I'm somebody high—I told her so. I'd rather go away if I can't get the tin."

"Well," rejoined Swubs, "I've had nearly enough of it; let's slip out, and go somewhere else. It's too late for anything at the theatres, but we'll rout out the Cyder Cellars, or Evans's, or somewhere or another."

And leading Mr. Whipples out of the room, without casting another glance at the Maids of Honour, they once more emerged into the New Road.

ROCKET.

REVIEWS.

Essay on the Classification of the Insane. By M. ALLEN, M.D., &c. &c. 8vo. Pp. 122. Taylor.

THE want of classification in our prisons has long been one of the most prurient causes of the increase of crime. Indiscriminate intercourse between the hardened felon and the juvenile offender cannot but excite the evil propensities of the latter, and render the prison a school of education in vice, a nursery for crime. A similar though less apparent and less mischievous system may be observed in our hospitals, as it is far from uncommon to see a patient just recovering from some nervous disorder surrounded by the ravings of delirium, or the groans of the dying. Here a system of classification is undoubtedly called for, but much more imperatively in the cure of the insane, for whose successful treatment it is now acknowledged to be absolutely necessary. Dr. Allen shows that there are a great number of cases continually varying in their aspects which require such delicate treatment, that a separate home, in which a medical superintendent resides, is of great importance in the treatment. It is a great object to remove the dread which the insane entertain of a mad-house, and on this point our author makes some most judicious observations, which we extract.

DECEPTION INJURIOUS TO THE INSANE.

I consider it a point of the very first importance, that truth should never be violated; we must, therefore, on no account, at any time, deceive them, and more especially in the first instance. If we begin by destroying confidence, we destroy the basis on which alone all moral good can be effected. Without truth there can be no confidence. It is quite a mistake to suppose a system of deceit is necessary for the purpose of more quietly accomplishing their removal from home. I can conscientiously assert that my own experience proves the contrary, and that I have not found in a tithe of the cases which I have had to manage, any very great difficulty in persuading them willingly to accompany me, more especially if I had sufficient time given me to ingratiate myself into their good opinion and confidence, which I do, by fully explaining the object of their removal, the treatment I intend to adopt, and the means to be used to make them as happy as possible in the new circumstances in which they are about to be placed. Whenever this was done, and I found them in a state to understand it, which is the case in a greater number of instances than most persons imagine, they have then almost invariably been persuaded to come willingly, without using any arts of deception.—I delicately, but candidly tell them, that they are considered to be insane, that the disease has produced some change in their usual mode of feeling and thinking, that the object of the proposed visit is their good, and that if they will only go willingly along with me, I pledge myself they shall be treated as visitors, unless their own conduct should oblige me to act otherwise towards them. If after all the pains I take, (and no pains can be too great to accomplish my object in this faithful way,) they still refuse, I then tell them, that their going is a matter quite settled, and cannot possibly be altered; that they may as well make a merit of necessity, and like rational beings, go at once with cheerfulness and good-will, in order that they may still receive the good which I have promised them.—If after such explanations they do consent to go willingly, or even without much force, a grand point is accomplished: for in this case, suppose after their arrival they grossly commit themselves, and justly forfeit their claim to the treatment I have promised them, and I am obliged to abridge them of the liberty they had really given them, they then feel and often acknowledge the justice of any change in their treatment, which is the result of their gross misconduct, and they exert themselves with the hope of regaining the liberal privileges they

have forfeited, and thus from their desire to be considered and treated as visitors, they put forth into operation what is of the greatest importance, the valuable principle of self-control.—In most cases, while nothing is more consoling to their afflicted spirits than friendship, and the society of those they love, nothing is more grievous to them than its loss. To form such a feeling is very difficult; but by beginning and proceeding on these principles, showing them that truth and justice and kindness are the basis of our actions, we establish a wonderful moral influence over them.—It will often happen, however, in stating to them that their minds are not considered in a right state, they will stoutly deny it. I then assure them, I shall be very glad to find they are right, and hope they will not force upon me, by their conduct, a different conviction. Stating to them very gravely, what I understand has led to this conclusion, saying, if we judge by the acknowledged rules of the world, they must confess there is something very unusual and strange in their words and actions; but at the same time, I trust they will not in future commit or lose themselves, as it appears they must have done. In which case I promise them I will myself befriend them, and endeavour to replace them as soon as possible in the confidence of their friends, but which I can only do when their conduct will enable me to transfer to their friends the confidence it has given me. Many, of course, assert, that what others call insanity, they know to be correct and proper; then I say, we must have time to examine it at leisure, that it is too weighty a matter to determine in haste. Where the person cannot be made to comprehend all this reasoning, of course other methods must be adopted, according to the nature, exigencies, and the state of each patient. In fact, it is impossible to state all that is, or ought to be done on these occasions; we can only hint at the spirit of the procedure, for every separate case requires its own appropriate plan of procedure.—To show the propriety and advantages in this method of proceeding, I shall state the important fact, that some few have at once been cured, without removal from home, by the powerful influence of its candour and honesty.—And in all cases, when, after all this labour and delicacy, they are removed and are subsequently, on the same principles, and in the same spirit, treated with every possible indulgence, and the greatest degree of forbearance, even overlooking many lesser faults, and waiting, until, as we say, "they break out and commit themselves," in some very decided manner, so as to furnish us (even in their own estimation) with a very palpable plea to abridge them of their indulgences, they have then forced upon them the conviction of their error, and are obliged to acknowledge the justice of any change that is made.—It is singular, that many have on this plan been speedily cured by the self-restraint this system conspired with other things to give them; and many others have recovered without ever feeling or considering themselves as having been treated as insane patients; and most of them do not consider themselves as under any confinement whatever. Not more than about 3 per cent. suffer any personal restraint, and not one for years under any constant personal coercion, and we have, at times, been for months together with not more than one patient whom we were afraid of trusting in the grounds alone.

To those who know anything of the social nature of man, it will not appear wonderful that solitary confinement is found most dreaded by the insane; and that a proper system of association, regulated by due classification, so that the patients may enjoy the common customs of civilized humanity, is calculated to have a most beneficial effect on the mind. On the subject of restraint Dr. Allen speaks as follows:—

RESTRAINT IN THE TREATMENT OF THE INSANE.

Now, it is evident that ferocious and furious maniacs are those, wherein a direct system of coercion is said to be essential; and yet it is evident, that these are cases where it must do the greatest injury. They are those in which the animal part

is excited and inflamed, and of course all causes of irritation must increase it. It is adding fuel to the fire, which already burns too fiercely—it is lacerating a wound which requires to be mollified with ointment. The best-tempered house-dog becomes savage by being constantly chained.—Restraint and coercion are only justified when used either from absolute necessity, or as the mildest species of discipline; and then in all instances it must be proportioned to the causes and exigencies of the case; or when they are so violent, or so unconscious of their own state, or so bent on their own destruction, that there is less evil to be feared by restraint, than by indulgence.—But even here, popular feelings, prejudices, and fears, must not be the judges.—The word coercion has been used, but it conveys an erroneous impression, as if some degree of punishment were necessarily included in the restraint which the safety of others and of the patients require; but so far from this being the case, it ought never to be forgotten, that if the murderous and destructive maniac is made to feel, that with this necessary restraint is conjoined the indulgence of a vindictive spirit of retaliation, it will have an injurious influence, aggravate the disease, and of course will progressively increase the necessity and rigour of the restraint.—In cases of determination to suicide, it should be made to appear to the patient, what in truth it always should be—the kindest guardianship and protection. In cases of some lesser faults, or such as breaking or tearing, instead of restraint, a small dark closet I have found more useful than the strait-waistcoat; yet neither the one nor the other have, now for a long time, (seven years at least,) scarcely ever been resorted to for more than an hour or so; but to be able to do all this requires a superabundance of servants and attendants, and these must be serious, active, laborious, and vigilant as possible. I have known cases where the patient himself, on feeling his destructive propensity coming upon him, requested that he might be placed under restraint, and he felt afterwards more comfortable, from the conviction that he was safer in that state. In such a case, the request should be readily attended to, as being not merely objectionable, but likely to have a beneficial influence. It has been, that restraint was resorted to, from the idleness and carelessness of keepers; and in these cases, when restrained, being neglected, they acquired dirty habits, very often simply from the effect of custom inducing a disregard and insensibility to the discomfort of their filthy state; sometimes they acquired these habits, from, in the first instance, a determined vindictive motive of teasing those whom they thought had acted unjustly towards them, as the only means they had in their power of gratifying their revenge. In cases of debility and approaching marasmus, the effects of retention, when they are thus deprived of the power of relieving themselves, soon destroys the natural and healthy functions of the sphincters. I have often known a contrary system cure all these habits, especially in the two first class of cases mentioned; though, in other respects, the mind remained the same. In the case last described, good and judicious management may retard the progress of the disease; but the system gradually decays, like a tree stripped of its bark by lightning.—As a proof, we have only a choice of evils, and we must always choose the least: I shall state a case.—No. 421. This patient who had been several times under my care, was one who was soon made worse both in his bodily and mental state, by any restraint, however mild; and therefore we submitted to the losses which his very destructive habits occasioned, rather than have recourse to them. These losses were enormous. By this treatment, he so far recovered, that a medical friend, who had known him all his life, declared, on an accidental interview in the grounds, that his mind seemed in a state of integrity, as perfect as he had ever known it to be previous to the accession of any symptoms of insanity.—In this state, he was removed by his friends from, I believe, parsimonious motives, to Bedlam, and this was done in spite of my positive opinion, declared in writing, that it would be fatal to his bodily and mental health, and that he would sink under the depressing effects of his situation. In less than

six months he was covered with ulcers, and a mass of disease. In this state he was removed to his own house in the country, where he recovered his bodily health, but his mind is gone for ever.

We cannot give more space to this work, and in conclusion can only state, that while the theories of the author are questionable, his practice appears both judicious and successful.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

SEPTEMBER 22

Microscopic Experiments on Blood, Lymph, Milk, and Pus.—M. LATELLIER presented a memoir on this subject, of which the conclusions are as follows:—It is impossible to prove by the microscope alone, that the red globules of human blood are formed of a nucleus and a pellicle; but the microscope, aided by chemical tests, proves that these globules are formed by a transparent nucleus, and by an element which is probably fibrinous, whose colour is owing to iron. The nucleus possesses the chemical properties of albumine, coagulable by acid. The albumine is evidently formed of transparent grains, which precipitate and become opaque, on the addition of alcohol or the acids. The plastic lymph which exudes from wounds, contains all the elements of blood, minus the red colour of the globules. Pus contains a great number of globules of blood, deprived of colouring matter, and which have become opaque; also, portions of fibrine, with a small quantity of vesicles composed of fibrinous cells, and of various size and shape.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, October 30th, 1840.

Charles Fox.
Daniel Charles Clark.
William Gooldeu.
Augustin Prichard.
William Hilbers.
Winslow Finlay.
Robert Leadam Sleight.
Francis Shath Cornish.
John Crouch Christophers.
Frederick William Towle.
Francis Wood Casson.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Assistant-surgeons George Procter, of Plymouth Dockyard, to be Junior-surgeon and Medical Storekeeper at the Royal Hospital, Stonehouse, vice Crockett, superannuated.

ARMY.—Friday's Gazette gives the following long list of promotions and appointments:—1st Regt. of Dragoons: Assistant-surgeon Arthur West, M.D., from the 40th Foot, to be Assistant-surgeon, vice Renny, deceased.—6th Foot: Assistant-surgeon George Knox, from the 3rd Light Dragoons, to be Surgeon, vice Thompson, appointed to the 94th Foot.—40th Foot: Assistant-surgeon Henry Mapleton, M.D., from the 62nd Foot, to be Assistant-surgeon, vice West, appointed to the 1st Dragoons.—47th Foot: Assistant-surgeon John Mair, M.D., from the 59th Foot, to be Surgeon, vice Mostyn, deceased.—50th Foot: Assistant-surgeon Gideon Dolmage, from the half-pay 18th Foot, to be Assistant-surgeon, vice Mair promoted.—62nd Foot: R. G. Davys Barron, gent., to be Assistant-surgeon, vice Mapleton, appointed to the 40th.—74th Foot: Assistant-surgeon Robert Giles Montgomery, from the 1st West India Regt., to be Assistant-surgeon, vice Kirby, deceased.—88th Foot: Assistant-surgeon David Dumbreck, M.D., from half-pay of the Staff, to be Assistant-surgeon.—94th Foot: Surgeon William Thompson, M.D., from the 64th Foot, to be Surgeon, vice Dix, deceased.—97th Foot: Assistant-surgeon Alexander McGregor, M.D., from the half-pay of 4th Dragoon Guards, to be Assistant-surgeon.

HOSPITAL STAFF.—Assistant-surgeon James Millar, from half-pay of the Staff, to be Assistant-surgeon to the Forces, vice Cogillan, appointed to the 19th Foot.

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For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazines.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.

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PROFESSIONAL SKETCHES.

CANTERBURY DOCTORS.

ENGLAND furnishes another inlet to SHAM DOCTORS, not very generally known to the profession, and, fortunately, not very frequently resorted to. The right of manufacturing physicians, by extemporaneous process, is also vested in the mitre. The Archbishop of Canterbury, who can know nothing about physic or physicians, has *recently exercised this privilege*. This ancient and anomalous right of certain bishops to grant doctor's diplomas in medicine, was conferred on the Bishop of London and others by the 3rd of Henry VIII., and has been exercised ever since *without compliance* with the *prescribed forms* of that ancient and now unsuitable provision. The only argument in its favour is the "argumentum ob antiquitatem"—that whatever is old and venerable is best, which, in these days, is justly regarded as a political solecism.—The Archbishop of Canterbury has, therefore, the same power as the Sicilian Ambassador at Paris, to whom we alluded in another sketch. By-the-bye, we omitted, through haste, to add, that the PRE-DUBBED Bonfiglio returned to Palermo, after his two years' dissipation and folly in the French capital, which is too often the case with Irish and English students in Paris, with letters of high recommendation from the same ambassador, again at the Court of France, to the *nobles* of Sicily, where no doubt, by the influence and interest system of the aristocrats, he will ascend the Olympus of physic, where, "like the reaper of death," he will find the field white for the harvest, and doubtless commit irresponsible empiricide wholesale. The late Dr. Cheston, of Gloucester, who received a SIX MONTHS' low-priced education in London, and was appointed, upon the strength of this then deemed *sufficient* course of education, surgeon to the Gloucester Infirmary, in manner "*comme il faut*," cut his way up through the blunders and fatalities of an apothecary's surgical operations, to good practice, and resolved to turn physician, a much safer employment; for the dead *by physic* tell no tales. He was indebted, also, for his doctorate to the sign manual of a preceding Right Reverend Father in God, *by interest!!* He afterwards made a large fortune, and was an astute doctor and an overreaching enemy of Jenner, who bore him no good-will for many unprofessional insinuations and interferences, which arose from mean, envious, and interested feelings. The profession is indebted to Dr. Howley, the present Archbishop of Canterbury, at the instigation of some "Sir Oracle," his family apothecary, and "a *petty brief* authority" *indeed*, for the perpetuation of that Elizabethian, hateful, exploded, and useless bondage, called, "Anglice," (as the Scotch say,) "apprenticeship." This absurd and injurious probation of menial drudgery was left out of the second Apothecaries' Bill, but the Right Reverend Father in God re-inserted it, and received a hint from some Medical Reformers at the time, that he stood in need of the advice given to the cobbler of old, "Ne sutor ultra crepidam!" or Voltaire's advice to one of his critics, a barber—"Monsieur André, make wigs, make wigs!" Thus we have a COLLEGE (!) of Apothecaries (!!) which was compelled, by

a meddling prelate, to perpetuate that profligate waste of time called an apprenticeship, and so overlay the very foundations of solid instruction. Whatever respect we may feel for the theological sufficiency of the priest, we can entertain none for his judgment as a medical legislator. We have ceased to live in those *enlightened* times, when the wisdom and practice of theology and physic were united in the same men, as in the case of St. Luke; and we can assure the Right Reverend Father, that his reputation in one capacity will never guarantee his capabilities in the other. We never flatter! But it has come within the observation of ourselves and many of our friends, that there remains some back-door system of cursory admittance, term-trotting, and absenteeism, as well as superficial examination, by which professional *tradesmen*, and men of *mediocrity* and inferiority in all respects, climb over the walls, like thieves in the night, or wolves or foxes, who get into the sheepfold by the back way. We have heard some strange surmises about Glasgow and the German Universities. (See 'Medical Times,' vol. i., pp. 231, 265.) We are not without good grounds for suspicion, that St. Andrew's as well as Glasgow still admit to FARCICAL, MAKE-BELIEVE, and MOCK-EXAMINATIONS, as light and ludicrous as those of the clowns to the Mock-doctor Gregory; the woodman in Molière's comedy and Fielding's farce. In this manner of graduation the country towns are supplied *still* with CERTIFICATED TERM-TROTTERS, EVADERS OF COLLEGE RESIDENCE, and LICENSED EMPIRICIDES. We have seen, in the London newspapers, DUB-STAMPS advertised lately, in form as marketable and vendible as any other commodities.*

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 31st October, 1840:—

Epidemic, endemic, and contagious diseases	184
Diseases of the brain, nerves, and senses	136
Diseases of the lungs, and other organs of respiration	263
Diseases of the heart and blood-vessels	23
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c. .	7
Diseases of the joints, bones, and muscles	1
Diseases of the skin, &c.	1
Diseases of uncertain seat	115
Old age, or natural decay	59
Violent deaths	8
Causes not specified	3
Deaths from all causes	866

VACANCY.—The King of the Belgians has recently appointed as his private physician our countryman, Dr. Carswell. This will cause a vacancy in the office of Professor of Pathological Anatomy and Clinical Medicine, and Physician to the University College Hospital.

* "That men swarm in this country, calling themselves Doctors (!) who have never passed any examination." "That there are persons in London who, for Twenty Pounds, will obtain a Doctor's Degree from an University for any one who chooses to pay that sum, be who he may."—Medical Times, vol. i., pp. 230, 265.

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MUCOUS MEMBRANES.—OZÆNA; TREATMENT. —EPISTAXIS; TREATMENT.—INNOCENT POLYPUS; TREATMENT.—MALIGNANT POLYPUS; TREATMENT.—INFLAMMATION AND ABSCESS OF THE CAVITY OF THE ANTRUM.—MORBID GROWTHS OF THE ANTRUM; TREATMENT.

SEROUS MEMBRANES.—WOUNDS OF SEROUS MEMBRANES; TREATMENT.—EMPHYEMA.—HYDROTHORAX.—PARACENTESIS THORACIS.—AIR IN THE PLEURÆ.

AFFECTIONS OF MUCOUS MEMBRANES.—I do not think it necessary to enter into any consideration respecting the general affections of the different classes of membranes, because the observations on the particular affections of those membranes, and their various causes, will sufficiently elucidate the subject; and, in comparing the number of subjects which still remain untouched of the course with those that have been discussed, I find it necessary to bring the observations I have yet to make into the smallest possible compass. I shall, therefore, proceed to notice those affections of the membranes which more especially require attention.

OZÆNA.—I had occasion, when speaking on the venereal disease, to mention ulceration of the mucous membrane of the nose, caries of the bones of that cavity, and foetid discharge accompanying these states, as consequences of syphilis. Such effects occur also independently of syphilis, constituting the disease called *ozæna*, which denotes an affection of the nose, accompanied by a foetid discharge. Syphilis, undoubtedly, is most commonly the cause of these affections of the nose, but it is not so in all instances. There are cases in which ulcerations, affections of the bones, exfoliation of bone, and a most foetid and offensive discharge, have taken place from the nose, in individuals who have never suffered from syphilis in any shape, and, as appears rather extraordinary, you may have such symptoms even in young subjects. I have seen them,—at least I have known the foetid discharge to last for several years in a child, which, although perhaps in some measure alleviated by occasional remedies, yet has not been perfectly removed, but ultimately, in consequence of the apparent inefficacy of the means employed, has been left pretty much to take its own course.—*Treatment*: In such a case one naturally has recourse to local remedies. Where you have a serious local affection of this kind, various astringent substances, in the form of lotions, are to be applied; the sulphate of zinc, the nitrate of silver, the oxymuriate of mercury, may either be injected into the nose by means of a syringe, or, putting a small portion of either of such solutions on the palm of the hand, it may be snuffed up,—inhaled into the nose. It is necessary, in the first place, to cleanse the surface of the part affected by means of tepid water, after which the application I have mentioned may be made use of; it is of course necessary to take care that the fluid does not pass into the pharynx through the nose and be swallowed. The adoption of such means as are proper to correct any deviation from health will be proper, and where none exists perhaps the alterative medicines, with sarsaparilla, may be of use.

EPISTAXIS.—Not unfrequently hæmorrhage takes place from the nose, and this is technically called *epistaxis*. Young persons are very subject to bleeding from the nose from slight causes. In them the occurrence is of a trifling nature; certain quantities of blood are lost, and then the bleeding stops. If the bleeding should become formidable, rest, with aperient medicines and abstinence, soon put an end

to it. But in the adult, and in persons advanced in years, hæmorrhage sometimes comes on to such an extent, and recurs so frequently, that it is indeed alarming, even to the medical attendant; at all events it is troublesome, as it is very difficult to be stopped. There are instances, indeed, in which the quantity of blood lost from the nose has been so considerable as to render the patient perfectly pale and very feeble, and even apparently to endanger life.—*Treatment*: In the commencement of an affection of this kind, you will find marks of active congestion about the head; a sense of increased determination of blood there, which seems to require the employment of pretty active antiphlogistic means,—bleeding generally or locally, the application of leeches, abstinence, rest in the horizontal position, and the application of cold to the head. There are instances, however, in which this treatment does not arrest the particular symptoms, where hæmorrhage recurs repeatedly, and where it becomes necessary to adopt some local means. I have already had occasion to mention to you, that I consider a saturated solution of alum to be one of the best remedies of the styptic kind, and I may now observe, that this may be employed in the case of obstinate hæmorrhage from the nose. A saturated solution may be applied by means of lint, if we think we can reach the part whence the blood comes with a director or probe; or the same fluid may be thrown up into the nose by means of a syringe. We are, however, obliged, in some instances, to proceed further than this, as when we have no other means of arresting the hæmorrhage but that of plugging up the cavity of the nose. If we can stop up the front aperture of the nose, which is easily effected, and also the posterior aperture, by which the nose communicates with the pharynx, the bleeding may be completely arrested. We can introduce portions of lint through the nostril, carrying them up with a director, or a strong probe, and stuffing in portion after portion until the cavity is plugged. In this way we may thus, perhaps, stop the bleeding altogether; but after filling up the anterior part of the nose, we sometimes find that the blood passes over the plug into the posterior opening and into the pharynx, and that it becomes necessary to plug the posterior opening also; this can be easily done from the front. An instrument has been invented for the purpose, which consists of a portion of watch-spring at the end of a metallic stem, like a probe. This is contained in a tube, and passed with the tube from the nostril anteriorly into the pharynx; the instrument, which has gone straight forwards in the tube, is then pushed out, and the spring occasions the end to curve forwards in the mouth towards the palate. You can then fix to the end of this instrument a string with a plug of lint, and draw it in so as to plug up the posterior opening of the nose. You can thus easily stop the posterior aperture, and effectually put an end to the loss of blood.

POLYPUS.—The mucous membranes of the body generally, and that of the nose more particularly, are subject to morbid growths on the surface, to which the name of *polypi* is given. They consist of tumours, which adhere to the membrane by means of a comparatively narrow neck, or basis. I now show you examples of polypi of the nose, which, as you observe, are varied in point of figure; yet all of them agree in the possession of a narrow pedicle, or neck, by which they adhere to the membrane. Generally they are of a somewhat round or pyriform shape.—The growths, which are thus produced from the mucous membrane of the nose, are various in point of structure. The most common are of a texture very much resembling the mucous membrane that produces them, and such are called *soft mucous* or *gelatinous polypi*. There are others which are of a firmer, a somewhat fibrous texture. These, however, are not very common in the nose; they have been called *sarcomatous*, or *fleshy polypi*. There are others which are of a malignant character, and are pretty closely analogous to those growths which have already been described to you under the name of fungus hæmatodes; they are called *malignant polypi*. With respect to the more common kind, the mild or mucous polypi, they grow from the exterior surface of the cavity of the nostril, that is,

from the turbinated bones, or from the lower part of the ethmoid bone. I do not know of any instances in which polypi of this kind have been found to proceed from the septum of the nose. They produce no inconvenience in their early stage, and only become perceptible to the patient in consequence of their increase in bulk, and the uneasiness which is thus produced. They fill up the cavity of the nostril, they prevent the breath being drawn through the nose; they produce uneasiness by the pressure which their bulk occasions upon the membrane and the bony parts of the nose. The bulk of these mucous polypi varies according to the state of the atmosphere. In moist and damp weather they swell and become more considerable in size, and then the passage of air through the nostril is obstructed. In dry weather they shrink again, and the patient is able to breathe through the nostril more freely. When the patient complains of the inconvenience arising from polypus, and we look into the nostrils, we observe the polypus presenting itself towards the anterior part of the nostrils, and find it of a greyish or semi-transparent appearance, something like a soft jelly. If we press upon them with a probe, we find that they are hardly sensible, unless the pressure is made upon the hard parts. When we come to extract them, they are very soft; they yield under the forceps, a kind of serous fluid escapes, and they become considerably reduced in bulk; they seem to consist of something very similar in its nature to mucous membrane.—*Treatment*: The only mode of effectually getting rid of these growths, is that of removal by a surgical operation. These, as I have already mentioned, are specimens of various polypi taken out of nostrils; they will give you an idea of the form and mode of attachment; here is a specimen in which they are seen actually hanging from the bones; these are the mild gelatinous or soft polypi. Various modes are described in surgical writings, of getting rid of polypi of the nose; such as by ligature, caustic, tearing and drawing out, or extraction, as it is more gently termed, by means of forceps. Now the latter, in point of fact, is the only mode that is now used. Ligature cannot be applied to a polypus of the nose; caustic can hardly be applied, or at least, there is as much chance of your applying it to sound parts, as to the whole of the diseased growth only, and the actual cautery is much too violent a mode of proceeding. The proceeding, then, which we adopt to get rid of a polypus of the nose, is to seize the growth with a pair of forceps, to endeavour to take hold of it as near as possible to the root, or pedicle, or neck, by which it is attached to the mucous membrane, and then either to drag, or twist, or tear it out—a mechanical proceeding, in fact, for extracting the growth. These which I now show you, are the kind of forceps used; they are a little curved at the end, and roughened on the inside, so that they may obtain a firm hold of the growth, and enable you to apply an ample force to detach it from its connexion. These other forceps, also, may be occasionally used,—made like dissecting forceps, terminating in extremities, with a slide, so that when fixed on some object that you wish to hold, and the slide is slipped down, the instrument retains its grasp without the necessity of continuing the pressure. You may have them made differently; so constructed at the ends as to keep their hold according to the degree of firmness which the occasion may require.—Sometimes you have a single growth in the nose—one production, and no more. The patient is very fortunate in whom this is the case. More commonly there are several growths proceeding from various parts of the mucous surface, so that the repeated introduction of the forceps is necessary in order to clear the nostril. Now, when you consider how imperfect a view you can obtain of the cavity of the nose from the anterior aperture of the nares, you will be aware that the extraction of polypi is a very blind sort of proceeding. When you have taken away the one that has first presented itself, and the nose becomes filled with blood in consequence of the hæmorrhage that succeeds the extraction, all the rest of your operation is in the dark. You introduce the forceps as widely opened as you can, and seize

anything that comes in contact with them, and drag it out; you may either do this, or twist it from side to side, carrying it backwards and forwards, so as to bring away the whole. You must repeat these manœuvres as well as the circumstances will permit, and you will then clear the nostril.—If these polypi have been neglected for a long time, and have continued to increase in size, they ultimately become so considerable, as mechanically to distend the cavities of the nostrils, and produce very considerable inconvenience by pressure on the surrounding parts. They may produce a pressure that may interfere with the ducts of the nostrils, and consequently produce an obstruction to the passage of the tears. They will press down into the soft palate, pass backwards into the posterior nares, and into the pharynx. Polypi may of course just as well present themselves at the posterior openings of the nose, as at the anterior. Thus, on depressing the tongue, and looking into the mouth, you will see a polypous tumour, perhaps descending into the throat. A child, about ten years of age, was sent to me to be examined, which was said to have polypus. On seeing the child, I could hardly suppose such a thing existed in her case, for the disease is scarcely to be found in young subjects; but on introducing the forceps, I discovered one. The mother said that the child did not swallow well, and on looking into its mouth, I saw a very considerable polypus presenting from the posterior aperture. I introduced the forceps into the nose, carrying them as high up towards the neck of the tumour as I could, hoping to surround the whole of the growth, so as to draw it out through the anterior opening of the nose, and I extracted a very large piece; indeed, I concluded that I had drawn out the whole; however, the child said it still felt that something was left behind, and on looking into the mouth, I saw a part of the polypus still; I accordingly pressed down the tongue, introduced the forceps into the mouth, and drew out the remainder from the throat. The piece I then took out was rather larger than that which I had extracted in the first instance. I believe these were parts of one polypus; taking them both together, the growth was certainly not less in size than the circumference of three of my fingers, while in length, the anterior part of the tumour presented itself at the anterior nares, and the posterior part behind. There has been no reproduction in this case. The removal of polypi in the way I have mentioned, in general produces only a temporary cure; the growths are reproduced; after a time the nostrils become again obstructed, and we find it necessary to recur again to the same measures for relieving the patient. In the case of a single polypous tumour which has been very effectually removed, where we have been able to reach up to the neck of the tumour and carry it away completely, a very considerable time may elapse before reproduction takes place. I removed a tumour of this kind from a gentleman a long time ago, and when it came out, it was clearly brought away altogether. The case was one of single tumour. About four years afterwards, I think, he sent for me again; the tumour had been reproduced, and was again extracted in the same manner.

MALIGNANT POLYPUS.—The tumours of a malignant character that arise in the nose, take place under different circumstances, and present themselves under symptoms altogether different from those which belong to the polypi I have just mentioned. The malignant polypi form with great pain; the mild or mucous polypi, form without any uneasiness. The malignant polypi present livid, dirty, bleeding surfaces. Slight pressure on them with the end of a probe or a director produces a copious flow of blood. The patient experiences very considerable pain, particularly in proportion as the polypus increases in size. After a certain period, these growths increase very rapidly; they distend the cavity in which they are situated; they extend towards the roof of the nostril, and produce great pain by pressing on the bone; they depress the palate; they produce ulceration of the mucous membrane, and a carious state of the bones; and from these various local effects, and the great irritation and pain which

the patient experiences, they ultimately terminate fatally. In some instances they make their way through the roof of the nostril into the cavity of the cranium, so that ultimately, symptoms of pressure on the brain are produced, in addition to those which usually belong to the growth of the polypus. Here is a specimen of this kind, which had obtained a most formidable magnitude in a very young subject. It occurred in the case of a patient who died in this hospital. This is one of his eyes; this is the nose, very much enlarged; and here is a section of the tumour, exhibiting a kind of cartilaginous and medullary texture, filling up the whole cavity of the nose, and extending through the cribriform plate of the ethmoid bone into the cavity of the cranium. Here a large mass of it projects into the skull; you will hardly recognise the eye and the nose. Here is a portion of the opposite side of the section, presenting the appearance of a firm cartilaginous growth; this is the opposite nostril, with the optic nerve of that side extending round the tumour.—*Treatment*: I need not observe to you, that we have no means of removing by surgical operation affections of this kind. We can only witness the progress of the complaint, and perhaps adopt occasional means for palliating the sufferings of the patient.

INFLAMMATION AND ABSCESS OF THE CAVITY OF THE ANTRUM.—The cavity which occupies the body of the superior maxillary bone—the *antrum*—may be the seat of inflammation, and of a secretion of matter which becomes collected in that part, the natural opening by which the antrum communicates with the nose being obstructed. Under these circumstances, it becomes occasionally necessary to make an opening into the cavity of the antrum to let the matter out. This is most advantageously accomplished, by removing either the first or second molar tooth. The sockets of those teeth are separated from the cavity of the antrum by a very thin plate of bone, so that when you have removed either of them, you can, with the sharp end of an ordinary probe, or any small-pointed instrument, make an opening into the cavity of the antrum, which will let out the matter, should there be any accumulated.

MORBID GROWTHS OF THE ANTRUM.—This cavity is also occasionally the seat of morbid productions, of the polypous kind, or of a malignant nature, or perhaps of a sarcomatous description, which arise within the cavity, and, slowly increasing in size, distend the bony parietes, enlarge the dimensions of the cavity, and encroach upon the parts which are situated in the neighbourhood. These growths will press upwards the inferior portion of the orbit, and thus interfere with the parts contained within its cavity; they will depress the anterior part of the roof of the mouth, causing a prominence in that situation; they will enlarge the cheek externally, and, in fact, by their continued progress, first diminishing the thickness of the bony parietes that constitute the sides of the cavity, rendering them very thin, and then distending them, they occasion a very great increase of size in those parts, and encroach apparently in a very serious manner, on all the neighbouring organs. They frequently loosen the teeth and push them out, and they occasionally make their way out through the alveolar processes, presenting themselves in the cavity of the mouth.—*Treatment*: In the books of surgery, you find various operations proposed for exposing the cavity of the antrum and clearing away the growths that are thus produced, but you will, I believe, never have occasion to resort to them. In very serious cases it has been suggested to tie the carotid artery, in order to cut off the supply of blood from the growth. This operation has been attended with such an effect that large portions of the growth sloughed away. I do not know any case in which a complete cure was effected, though the evidence would show that considerable effect had been produced, and we should probably deem this proceeding preferable to trephining and cutting away large portions of the upper jaw,—operations which are mentioned by various surgical writers.

SEROUS MEMBRANES.—Wounds which penetrate into the cavities that are lined by the serous membranes of the body require great attention.

A wound penetrating into the chest or abdomen, is very likely to produce general inflammation of the surface of the cavity thus exposed; and such wounds are not uncommonly complicated with protrusion of some part of the contents of those cavities.—*Treatment*: In the latter case, that is, when there is a protrusion of any of the contents, whether the wound is in the chest or in the abdomen, we must first gently replace the protruded part, and then approximate the edges of the wound, so as to retain them in apposition; we shall thus, most likely, prevent the occurrence of inflammation within. In the case of a large wound, which ever may be the cavity, we shall probably find, that although we can replace the protruded parts, we are unable to retain them in their situation without adopting some very efficacious means of approximating the edges of the wound. I should have no hesitation under these circumstances, particularly in the case of a wound in the abdomen, in applying sutures, carrying them only through the integuments, and taking care that they do not involve the serous membrane. The further treatment will consist in the employment of all the means calculated to prevent inflammation, and these must generally be of a very active kind, for inflammation is very likely to take place, and if it occur in any part of a cavity like that of the peritoneum or pleura, it is immediately propagated over the surface. You can hardly be too active in your treatment, which must be continued until all risk of inflammation is at an end.—There are various circumstances under which a surgical opening into the cavity of the thorax has been considered necessary. In penetrating wounds of the cavity of the chest, particularly those which are made by gun-shots, the cause of the accident, as for instance, the shot, sometimes lodges within, and there remains; or portions of the clothing are carried in; sometimes blood is effused from the wound into the cavity; or the presence of the foreign body may produce effusion of blood, inflammation, and formation of matter within.

EMPHYEMA is the consequence of inflammation of the pleura, arising from internal causes, where the formation of matter takes place within the chest. If for this there be no ready outlet, it increases in quantity, and by interfering with the surrounding parts, the heart, the other lung, the neighbouring viscera of the abdomen, and so forth, produces effects that will be speedily fatal to the individual.

HYDROTHORAX.—Again; large effusions of serum sometimes take place in the chest, constituting *hydrothorax*.—Further; it occasionally happens that an abscess, whether the result of common inflammation, or of tubercular disease of the lung, opens into the cavity of the chest, and from the opening thus made, which may communicate with some of the bronchial tubes, air escapes into one of the pleuræ, and you have one side of the chest distended. Under these circumstances,—the existence of the presence of foreign bodies, effusion of blood, effusion of serum, abscess, or the entrance of air from the bursting of an abscess,—it may become necessary to make an opening into the chest, in order to give issue to the accumulation within; it becomes necessary to perform the operation of—*Paracentesis Thoracis*—tapping of the chest. The best situation for making an opening into the chest, provided you have your choice of the spot, is between the fifth and sixth, or between the sixth and seventh ribs, in a direction lying between the anterior and lateral parts of the chest. If you make the opening on the left side, you will, at all events, take care to go far enough back, to be completely clear of the situation of the heart. In making an opening into the chest, it might appear advisable to let it be in the lowest or most depending situation. You will recollect, that the superior surface of the diaphragm is in contact with the surface of the ribs to a considerable extent, so that if you make an opening very low, you might cut against the surface of the diaphragm, and fail to give issue to that which you wish to evacuate. Where, also, there has previously been inflammation, the part at which the diaphragm and the ribs come in contact, is sometimes occupied by adventitious substances from the effusion of lymph; if, therefore, you were to

make a puncture in that part, the escape of matter could not be effected; consequently, the proper situation for performing the operation of paracentesis of the chest is between the fifth and sixth ribs.—Further; it is advisable to make the opening on the upper margin of the lower ribs, in order to avoid wounding the intercostal artery. In the case of empyema, that is, where matter is contained within the cavity of the chest, you would of course take into consideration the previous symptoms; for these will enable you to decide whether it is probable that matter has formed. You must consider also the actual state of the patient at the time you make the examination, and, if the symptoms have indicated inflammation of the pleura—if there have been severe pain on one side of the chest—if there have been that degree of difficulty of respiration which is produced by pleurisy—if after a certain length of time rigors have come on, indicating the formation of matter—if at the time you examine the patient, you find that one side of the chest is swelled, is oedematous (for the formation of matter in the interior of the chest is so great, as to be attended with oedematous tumefaction of the cellular membrane externally, similar to that which marks a phlegmonous abscess in any part of the body)—if in addition to these circumstances you find that there is any obvious enlargement of one side of the chest as compared with the other, and that there is a partial protrusion of some of the intercostal spaces indicating the presence of matter in some particular part—if you find on percussion that there is a dull or dead kind of sound on the side of the chest at which you make the trial, and that there is an absence of that resonance which indicates the healthy state of the lung,—and if you also find (supposing the inflammation to have taken place on the left side) that the pulsation of the heart is not perceptible in its proper place, but perhaps under the sternum, or middle of the chest—you may then pretty safely conclude, that there is a collection of matter in the cavity of the pleura. This collection of matter becomes so considerable, that if it occur on the left side, it will even push the heart over to the right side; you will find an absence of the pulsation on the left side, the heart beating on the right. If the collection of matter have taken place on the right side, the diaphragm will be pressed down, and the liver will be pushed downwards also, so that its edge can be felt below its natural situation in the abdomen. These are circumstances by which you can estimate pretty accurately the existence of matter in the cavity of the chest, and which, when the symptoms are so well marked, would justify you in making an opening through the parietes of the chest for the discharge of such matter.—You will ask, perhaps, is it probable that the patient will be saved by making such an opening? Why, that is extremely doubtful; the circumstances are very serious; many difficulties present themselves, when we come to consider the question of recovery. However, the progress of the affection, if left to itself, is so necessarily fatal, and the circumstances under which such a patient is situated are so desperate, that an attempt to save him is rendered perfectly justifiable.—Now, on examining the body after death, we find the whole interior of the cavity containing the matter lined by a thick stratum of what we should call coagulable lymph,—a thick adventitious membrane, a quarter of an inch, or even more, in thickness. We find the cavity converted into a state very similar to that of the cyst of an abscess; we find the lung condensed and reduced in size, perhaps to a fifth or a sixth of its natural dimensions,—shrunk, and closely agglutinated to the side of the chest.—We may immediately perceive, therefore, by these circumstances, and by making a comparison between the mode of recovery here, and that in which an abscess in other cases is to be healed, that there are great difficulties in the way of a cure. If you have an abscess in any of the soft parts of the body, when you have evacuated the matter, the parietes or sides can contract; they can approach, and gradually do approach, so as to obliterate the cavity; but here you have the walls of the cavity in a great measure bony, and not admitting of that contraction; the condensed lung cannot expand again, so as to

fill up the place it formerly occupied. We find, therefore, that after letting out the matter, the space previously occupied becomes more or less filled by air that passes in at the opening through which the evacuation has been produced; that this air occasions decomposition of the remaining matter, and becomes very foetid; this change is almost enough of itself to cause death; but certainly in the feverish state of the patient, and under all the circumstances attending the affection, it adds considerably to the danger. In certain cases, however, the patient will surmount them all; perhaps the lung becomes partially expanded, the side of the chest gradually contracts, and after a considerable time (more particularly if a complete cure take place) the affected side undergoes a remarkable diminution in size when compared with the other side, so that the intercostal spaces are almost obliterated; and in old cases the contrast between the sound and morbid sides is very considerable. A case of empyema, then, is of course to be regarded as one of a very serious kind; the prospect of the patient is very unfavourable, whatever course we may pursue, but, under certain circumstances, the operation for evacuating the pus affords the only prospect of preserving life, and is, therefore, to be undertaken in such cases.

With respect to the effusion of water into the chest—*hydrothorax*—the case is less favourable for operation. This, of course, can only be undertaken when the effusion exists on one side. If it have taken place in both, we cannot for a moment entertain the idea of making an opening into the cavity. There are, perhaps, very few instances in which the effusion of fluid into the chest (or *hydrothorax*) is an idiopathic affection; that is, arising from disease occurring in, and confined to, the serous membrane. Writers on the subject acknowledge that simple idiopathic *hydrothorax* is very rare. In general, it is merely a symptom of organic disease of the heart, lung, or some other part of the body; and, of course, the removal of the water in such a case could be of no benefit to the patient. I have never seen a case where it was at all desirable for even temporary relief, and therefore I suppose a case indicating the necessity for it is very uncommon.

With respect to the admission of air into the chest, I have had occasion to mention to you that in wounds of the lung, from which air escapes into the cavity of the chest, where collapse of the lung is the consequence, and where the introduction of air into one side of the chest produces a difficulty of breathing, in consequence of the mediastinum being pushed to the other side, it may become necessary to make an opening to let out the air on that side. The same observation applies to a case which is called *pneumothorax*, that is, where an abscess of the lung bursts into the chest, and some of the bronchial tubes still remaining open, the air taken into the lung by those tubes passes out of it into the cavity of the pleura. I saw a case of this kind in a medical man some time ago, where subsequent to symptoms of active inflammation of the lung, indicating that degree of inflammation which would have preceded the formation of an abscess, the symptom, indicating admission of air into the chest, supervened, viz., the production of a tympanic or hollow sound on percussion of the side into which the air had escaped. On tapping with the hand the side of the chest into which the air has been introduced, you obtain a similar sound, noise, and sensation, to that produced on patting the abdomen with the hand, when the intestines are distended with air. There is, moreover, in such a case a very peculiar sound communicated to the ear. If you put the ear in contact with the chest, the passage of air into the chest produces what Laennec calls the *metallic tinkling*, that is, the sound which is produced by the dropping of shot into a porcelain or earthen vessel. Indeed, I do not know anything that could more accurately represent it. The existence therefore of this metallic tinkling, combined with a tympanic sound on percussion, of previous symptoms indicating the existence of inflammation and formation of matter, and the further combination with those symptoms of great difficulty and distress in breathing, arising, in the first instance, from the collapse of the lung on the side where the air has been in-

troduced, and, secondly, from the pressure of the mediastinum, when the air has been received, against the other side, sufficiently point out the nature of the affection.—The reasons for making an opening into the chest under these circumstances, are, the great distress of breathing which is immediately produced, and the necessity of giving to the patient some relief from the very urgent symptoms under which he is labouring. The great probability, or rather the certainty, we may say, is, that the patient will perish. The only question is, whether, as far as the operation goes, we can give temporary ease—whether we can lessen the great difficulty of breathing. In the instance to which I have just alluded, on making an opening into the chest, there was a great rush of air from within and the patient subsequently became easy. From the progress of the complaint, however, he died, though he was completely relieved at the moment, which is all that could be accomplished, though this seems to me to be a sufficient reason for having recourse to the operation.

CORRESPONDENCE.

PROFESSIONAL "SELF-TRUMPETING."

To the Editor of the 'Medical Times.'

SIR,—Having directed the attention of your readers to the discreditable trickery which you very properly style, the "technical talk humbug," allow me now to speak of another gross practice which some medical men have, of boasting of any real or fancied cures, or of their surgical cases, in every society in which they may happen to be. I have frequently met with gentlemen of this description, endeavouring to make a grand impression on their hearers by statements of the almost miraculous cures they have effected, and the extraordinary success of the extremely difficult operations they have been performing, whilst I was perfectly well aware, that their skill was so *undoubted*, that, as the saying is, I would not have intrusted a cat to their care, for fear of laying myself open to an indictment under Martin's Act. These boasting men are, with very rare exceptions, vain and superficial practitioners, and if a person were to take the trouble to inquire into the real particulars of their vaunted exploits, in nine instances out of ten they would find a totally different version of the story. The object is, of course, to gain notoriety, and a reputation for uncommon ability, and, as in the case of the "technical men," to raise themselves above their neighbours. Now, I will give these gentlemen a hint, which may be of service to them, though they hardly deserve any consideration at the hands of their brethren—viz., that I have known some general practitioners, who have been unwise enough to boast continually of their surgical operations, lose a great part of their practice through persons being afraid to employ a man avowedly so fond of the knife, so that their unworthy attempt to obtain celebrity has been severely punished. Even people who attach credit to their reports of their own skill, are apt to suppose that they are *surgeons only*, and therefore do not think of employing them in medical cases, which I need not say are by far the more frequent and profitable, and which they, in a great measure, are thus prevented from attending. It is of course to be supposed, that there are some in the world who are imposed upon by these unprofessional trumpetings, but a person of common understanding will soon perceive the drift of them, and be apt to look with contempt and suspicion upon "the self-dubbed surgical phenomenon." Some of these gentlemen will hunt out cases which they think will be likely to make a noise in the world, *id est*, their neighbourhood; get three or four hospital surgeons, whose friendship they contrive to keep up, to assist them, and then make a tremendous report of the unparalleled operation they have been performing, when, without the help and direction of their really skilful friends, they would not have ventured to make the attempt, or have the least notion how to set to work, though of course they wish it to be understood that the other surgeons merely attended to witness the remarkable and unusual operation out of curiosity, while, at the same time, should the case turn out badly, the operator's friends will always be cer-

tain to bear a pretty considerable share of the blame, should any be imputed. My opinion has always been, that unless a surgeon is in the constant habit of performing operations, or has frequent opportunities of dissecting, he ought not to attempt any of the more difficult surgical cases, unless it be a case of emergency, as it is practice, and practice alone, which can enable a man to do so with safety; and I must here reprobate the silly vanity of those general practitioners, who deem it an affront if their patients propose to consult either an oculist or a dentist, as it is but fair to suppose that those gentlemen, who devote their whole time and study to one part of the frame, must surely have more skill in the treatment of it than those whose attention is given to the body generally; of course, I do not mean to include the numerous quacks of the day, but solely the properly educated surgeons who attend to a particular class of disease. I shall conclude by advising the chattering and boasting gentlemen who bring discredit on the profession, to refrain in future from such conduct, as it cannot be of real service to them, and their motives are sure to be suspected; let them remember, that

"On their own merits modest men are dumb,"

and that the really talented and scientific man is universally known to be the last to trumpet forth his own praise, or to wish to give himself an unwarrantable degree of importance.—I am, Sir, &c.,

"ONE OF THE OLD SCHOOL."

ON THE QUALIFICATIONS AND PAY OF THE SURGEONS OF MERCHANT VESSELS.

To the Editor of the 'Medical Times.'

MR. EDITOR,—Since it is your calling to raise, by every legitimate means, the respectability of the medical profession, to correct its abuses, and to protect its members from oppression, from whatever source, allow me to direct your attention to a subject where reform is much required, and on which I think your editorial talents may be employed with great advantage to the public. Of late years the great increase of colonisation to Australia, New Zealand, &c., and the extension of the free trade by laying open the ports of our immense possessions in the East, has produced a source of commercial wealth which gives employment to a large body of medical men—never was the mercantile navy of England so powerful—never did our country send forth finer vessels than many of those of the present time. When it is considered that, by Act of Parliament, all vessels having above thirty souls on board are obliged to carry a surgeon, the number employed must be very considerable, and reflecting upon the very responsible nature of the duties which they have to perform, we cannot fail to be impressed with the high qualifications required for this situation. No branch, if I may be allowed so to call it, of the public service demands closer investigation. Ships crowded with passengers, at other times with troops, emigrants, or convicts, are placed under the medical charge of persons who have never undergone any public examination—who are totally unacquainted with the diseases of tropical climates, and the dispositions of those placed under their care. What are the consequences? Often melancholy in the extreme—fathers rendered childless—orphans cast upon the world—widows knowing not where to look for support; and all this from the ignorance of their medical attendant, the want of medical comforts, or inattention to ventilation and cleanliness, which it is the duty of the surgeon of every ship to see enforced. The over-crowded state of the profession has deluged London with young men anxious to procure employment almost upon any conditions; and many merchants are so ungenerous as to take an undue advantage of their circumstances, and to engage them at wages which a common sailor would refuse. In proof of this I subjoin a faithful copy of a document which cannot fail to astonish and to enlighten the profession and the public: such transactions I should hope are rare, but my own impression is that they are of rather frequent occurrence, for there are necessitous and speculative men who will shrink at no act of meanness, and provided they are cheaply accommodated, make few inquiries about character or qualifications; their sordid passions lead

them to make dupes of the young and unsuspecting, by holding out flattering prospects of remuneration from passengers, which prove in almost every instance fallacious. Many are thus induced to accept of such an agreement as that referred to. It is also a well-known fact, that when the surgeon of the ship obtains the medical charge of a detachment of troops, he has to come under a private agreement with the owners by which he binds himself to assign over to them the allowance granted by the East Indian government for medical attendance. Is not this too bad?—that the money earned, and often hardly earned, should go to fill the private purse of his employers! Ought this to be allowed by the government which presides over the interests of this country? In no situation are higher qualifications required of a medical man than as surgeon of a ship—there, on occasions of emergency, the whole responsibility rests upon the shoulders of one individual, and if he feels himself incapable of treating a case, although he wills, he has not the power as on shore of procuring other advice. Let the legislature look to this, and let the medical journalists of the day unceasingly present the subject to the public; by these means alone redress will be obtained, the efficiency of the surgeons of ships secured, their pay increased, and the whole body placed upon a more respectable footing than they have hitherto been. I content myself with the bare exposure of the evils under which I have been a sufferer,—to abler hands I leave the proposal of a remedy.

M.R.C.S.

Copy of Agreement as Surgeon of the Merchant Ship —.

Cornhill, 19th —, 183—.

The surgeon must be duly qualified and pass an examination before the medical officers of the East India Company. He will have half a cabin, will mess in the cuddy, find his own instruments, do all the duty in the ship to the *ship's company, passengers, and troops, out and home*, and at the end of the voyage will receive, in consideration for the aforesaid, wages at the rate of (£2) two pounds per month!!! I — — — agree to accept the aforesaid on the above conditions.

—, Surgeon.

ON DEAFNESS, ORIGINATING FROM OBSTRUCTION OF THE EUSTACHIAN TUBE, AND ITS APPROPRIATE TREATMENT.

BY JOHN STEVENSON, ESQ., M.R.C.S., &c.
[Second Paper.]

To the Editor of the 'Medical Times.'

HAVING, in my former communication on this subject, pointed out the anomalous symptoms and character, as well as referred to the best means of ascertaining the existence, of an obstruction of the Eustachian tube, and shown that deafness—which may be either permanent and complete, or only partial and temporary—is the certain consequence of an interruption to the renewal of air in the tympanum, I shall now proceed to notice the several causes capable of producing a coarctation or closure of the passage, and which may occur in any part of its course, or—where it more frequently happens—at its guttural extremity.—The least common and tractable form of the disease is the result of an obliteration of the tube by ossification; or, it may arise from inflammation, tumefaction, and adhesion of the sides of the mucous lining—states of the tube absolutely irremediable. In those cases, however apparently forlorn and hopeless, relief can be afforded by admitting, through a perforation of the membrana tympani, the access of air into the cavity of the drum, whereby the machinery of the organ being again set in motion,—if no other disease co-exist,—its function will be renewed.—The closure of the passage may be partial and only temporary, from simple swelling of its membranous lining, the effect of irritation from cold, or from an accumulation of mucus, the consequence of an inflammatory sore throat. In such instances the patient usually recovers his hearing instantaneously, and by a kind of snap—a sensation caused by the sudden rush

of air into the tympanum, on the removal of the obstructing medium. Intrivial cases of this description, a fit of sneezing, the act of forcibly inhaling air, blowing the nose, or vomiting, has occasionally, and to the inexpressible delight and surprise of the patient, effected an immediate cure—a result which has been erroneously imputed to other means that may have been simultaneously employed. I recollect having been called to visit a highly respectable individual residing in Stratford Place, on account of extreme deafness supervening on a violent cold. Suspecting the cause, I requested the patient would try to inflate the tympanum. Succeeding in the attempt, the mucous collection in the Eustachian tube was dislodged; he perceived a sudden snap, and, on the instant, perfect restoration of his hearing. Among many similar occurrences that have fallen under my observation, and which terminated no less favourably, I hope to be pardoned for mentioning the case of Lord Nugent, who, under severe privation of the auditory function, from the above cause, obtained an equally rapid and complete recovery, by following my instruction to compress the nostrils, close the mouth, and make, at the same time, a strong and abrupt respiratory effort.

In strumous and delicate habits, the glandular apparatus of the human body is especially liable to derangement, and in such constitutions, the tonsils are apt, by catarrhal affections, to become enlarged, particularly in early life, and by their pressure upon the pharyngeal end of the Eustachian tube, to induce its partial or total stoppage, and, in consequence, a great diminution, or temporary extinction, of the sense of hearing. Like all other parts at the back of the mouth, the tonsils are subject to swellings of different kinds, sometimes inflammatory, to which the young and those of a plethoric habit are particularly liable. These glands occasionally suffer under chronic enlargement, especially in cold damp weather, and in indolent constitutions, and by repeated attacks, they at length assume a schirrous hardness.—Of the various causes of obstruction of the Eustachian tube, enlargement of the tonsils may be esteemed the most frequent. But I have ascertained, from careful investigation, a fact not hitherto noticed—viz., while a small tumefaction of the *posterior* part of the gland, by pressing upon and shutting up the orifice of the Eustachian tube, is adequate to produce deafness, the *anterior* portion of the gland may acquire considerable magnitude, without affecting its guttural extremity, or deteriorating the aural function, circumstances which satisfactorily elucidate symptoms otherwise not only inexplicable, but seemingly contradictory. The swollen tonsils, as a cause of deafness, being palpable on the slightest inspection, nothing more need be added relative to the diagnosis of the disease. The mode of treating it constitutes the important inquiry. The morbidly enlarged tonsils can be extirpated by the knife, or reduced to their normal condition by appropriate remedies. The great objection to their excision, turns not only on the embarrassing nature, and occasional difficulty in performing, the operation, particularly in young persons and in irritable states of the throat, but on account of the indistinct articulation it is apt to entail, and the impediment subsequently experienced in swallowing solid food, from the want of their lubricating secretion, which is designed to facilitate deglutition, and the transmission of ingesta to the stomach.—Nor is instrumental aid required in cases of the above description. External rubefacients locally applied, with friction, scarification of the substance of the irritated glands, the topical use of detergents, and the internal exhibition of tonics,

conjoined with natron or preparations of iodine, are generally sufficient, when perseveringly adopted, to bring back the tumefied and even indurated glands to their natural and healthy character, when the deafness, caused by their enlarged dimensions, will spontaneously cease.

NEW MODE OF CURING STRABISMUS BY SUBCUTANEOUS INCISION OF THE MUSCLES OF THE EYE.

AN account of this treatment was communicated by M. Guerin to the Academy of Sciences, on the 26th ult. All the methods hitherto in use had for their result—either the section of the muscles after laying them bare by previous incision of the conjunctiva, or the simultaneous section of both muscles and membranes. This method rendered the operation more or less tedious and difficult, and was almost constantly attended with suppurative inflammation. A part of these inconveniences was obviated by the author some months ago, and twenty-two operations satisfied him of the advantage of the new method; but in some cases, he was unable to avoid the inconvenience which result from direct incisions, namely, the length of the operation, the pain and consecutive inflammation. The method now employed obviates all previous difficulty, and constitutes the sub-conjunctival section in its last degree of simplification. The patient is placed in a recumbent position, with the head fixed, the eyelids kept asunder, and the ball of the eye drawn forwards by a hook, and towards the side opposite to the muscle to be divided. A little knife, convex on its cutting edge, and fifteen millimetres in length, is plunged into the conjunctiva along the lower edge of the muscle, and parallel with its fibres. The handle is then depressed, so as to raise the blade between the eyeball and the muscle at right angles, or as nearly so as possible with the latter, and the blade is turned round on its axis, so as to present its convex cutting edge to the inner surface of the muscle, which is thereby instantaneously divided. The tension of the muscle, by the eyeball being drawn to the opposite side of the eye, contributes to render the section more easy; a cracking noise is heard, the operator perceives that the resistance to his scalpel is overcome, and the eyeball turns towards the opposite side of the orbit. The puncture of the conjunctiva is scarcely perceptible.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, November 6th, 1840:—

Henry Julian.
Henry Allen Duncan.
Archibald Clinton Robertson.
William Charles Calthrop.
Arthur Edward Turnour.
Joseph Henry Partridge.
Arthur Kitt.
William Henry Scales.
George Downing.
George Pizry.
William Crawford Williamson.
Robert Dallas Dove Allan.

Sir Astley Cooper has been proposed as Lord Rector of the University of Glasgow. "Two meetings of the members of the medical profession and of the medical students of the University favourable to the election of Sir Astley have been held, Mr. R. Macgregor, surgeon and lecturer on chemistry in the chair. Gentlemen of every shade of political sentiment were present, and unanimously determined to support Sir Astley, who is brought forward entirely on scientific grounds. The Duke of Wellington has refused, it is reported, to be put in nomination.—*Glasgow Courier*."

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

The Human Brain, its Configuration, Structure, Development, and Physiology; illustrated by references to the Nervous System in the Lower Orders of Animals. By S. Solly, Lecturer on Anatomy and Physiology at St. Thomas's Hospital. With Twelve Plates. Pp. 492. Longman.

R. G. C.—INDEX—Write often.

Z.—*The copies shall be regularly sent. We shall be glad of the MSS. alluded to, especially the Parisian affair.—His friend should send a copy of the work to our office, that the opinions expressed may be supported by some reference.*

DIARY OF A YOUNG COUNTRY SURGEON in our next.

H. S. says, "You will particularly oblige a constant reader and subscriber to your valuable periodical, by informing him whether a Graduate in Medicine of a Scottish University, and a Licentiate of the Royal College of Surgeons of Edinburgh, can legitimately practise as a general practitioner in England, without becoming a Licentiate of the Apothecaries' Company?" If our correspondent, by the term legitimately, means legally, then our answer must be, No. If he were a Graduate in Medicine of London, Oxford, and Cambridge, and a member of the London College of Surgeons to boot, he could not legally follow his profession in England, as a "general practitioner," without the license of *Rhubarb Hall*.—*Can anything be more absurd or unjust? But so it is.*

IMPROPER ASSISTANTS AT OPERATIONS.—*This evil should be remedied.—R. G. C. writes, "At an amputation performed by Mr. Ferguson at King's College Hospital a short time since, the limb was very quickly and very beautifully removed, but the assistant who applied a ligature cut the vessel through; not satisfied with this, the same assistant served the next, and the next, in the same way, and these the three principal arteries of the leg! I was happy," he continued, "to see the admirable manner in which Mr. F. preserved his temper at such a trying moment; but may I not ask, why so important a task was intrusted at all to such a person, particularly after he had cut through the second, or even the first vessel?"*

A MEDICAL PUPIL, (Taunton).—*Dr. Steggall's "First four Books of Celsus," with translations, published by Churchill, at seven or eight shillings.*

The reviews of many books are in arrear, but for the future, every work will be noticed the week after it is received, and the arrear be brought up by the insertion of at least two reviews in each number—those next week being of Mr. Howship's and Dr. Waller's volumes.

THE MEDICAL TIMES.

THE SECOND PROJECT—MR. HAWES'S BILL.

WE wished to conclude our synopsis of the exact state of medical affairs previous to entering upon the discussion of the different theories and propositions for the removal of the manifold evils at present existing. This we still hope to do; but as the profession must be naturally anxious to get early intelligence of the different Bills which are sure to be proposed to the Legislature, we this week give the "Breviate" of Mr. Hawes's Bill, at present unpublished, but a copy of which was politely furnished to us by Mr. Hawes himself.

Breviate of the Draft of the Medical Bill, by Mr. Hawes.

Clause 1 is preamble, after which we have,
2. Interpretation clause: "Art of Medicine"—"Medical Practitioner"—"Chemist and Druggist."

CLAUSES REFERRING TO REGISTRAR.—3. Secretary of State to appoint three registrars—one for each kingdom. Lords of Treasury to fix salaries and expenses necessary in carrying Act into execution until the election of first councils (*appointment of future registrars to rest with senate.*)

4. Registrars to grant certificates to practise the art of medicine to all persons at present legally entitled to practise medicine or surgery in any part of the kingdom—registrars to grant them for the part of the kingdom only for which they are appointed to act.

MEDICAL LISTS.—5. Annual payment for certificate, which is to be renewed annually, and a list of the persons obtaining a certificate to be published every year by the respective registrars—the persons whose names appear in such lists alone to have a vote for the respective councils.

COUNCILS.—6. A council to be elected in each kingdom every three years—twenty councillors for each.

7. Candidates for office of councillor to be nominated by any six persons entitled to vote, sending a notice to the registrar forty days previous to election—the names of persons nominated to be printed in voting papers, together with the names of the persons nominating.

8. Election to be held within four miles of General Post Office, London, and within two miles of the General Post Offices in Edinburgh and Dublin.

9. Voting to be by ballot—voting paper either delivered personally, or sent by post, enclosed in a declaration of vote direct to registrar—registrar to send a voting paper and declaration to every medical practitioner fourteen days before election.

10. The twenty persons having a majority of votes to be elected—registrar to add up votes—if there be any equality of votes, to ballot publicly out of the persons having the equal votes so many as may be required to make up the twenty—after first election, councils to appoint two persons to superintend the election—at the first, Secretary of State to appoint two.

11. The Universities of Oxford, Cambridge, and London, the College of Physicians and of Surgeons, and the Apothecaries' Company, London—the Universities of Edinburgh, Glasgow, St. Andrew's, and Aberdeen, and the College of Physicians and of Surgeons, Edinburgh, and the Faculty of Physicians, Glasgow—Trinity College, Dublin, and the College of Physicians and of Surgeons, and the Apothecaries' Society, Dublin—each to send one member to their respective councils.

12. Registrars after the first election of council to be appointed by the respective councils.

13. Councils may remove their registrar—to give notice of the vacancy—president of council may appoint deputy, in case of temporary disability of registrar.

14. Each council to elect a president—appoint a treasurer—three auditors of accounts—clerks—to fix all salaries—to fix remuneration to each member of council for every attendance.

15. Questions to be decided by majority, one half of the whole council being present—meetings to be summoned three days.

16. Special meetings may be called by president or three members of council—every summons to specify business to be transacted.

17. All monies and fees to be paid to treasurer—out of which all expenses are to be paid, and the surplus may be spent in the advancement of medicine and literature, &c.

18. Treasurer to pay money only upon an order, signed by three councillors and the registrar.

19. Accounts to be audited twice a year, and to be published in the respective medical lists.

20. Councils may sue and be sued in the name of their registrar.

SENATE.—21. Councils each to elect three persons every five years to form a medical senate.

22. Registrar for England to be registrar of senate.

23. Senate to meet in London once every year—expenses of members to be paid by the respective councils—special meeting may be called, or place of meeting may be altered by any two councils or secretary of state, fourteen days' notice of such meeting to be given to the members of senate—senate may, when once met, adjourn from time to time until dissolved.

24. All questions coming before the senate to be negatived, unless a majority of the whole members of senate assent thereto.

25. To appoint a president.

26. Members of senate may attend any meeting of any council or any examinations.

27. Expenses of senate to be paid in equal portions by the three councils.

28. Senate to make by-laws to regulate education of Students, and the examinations for diploma of qualification to practise medicine or to carry on trade of chemist and druggist—by-laws to be published in *London Gazette*—may be disallowed by the Queen in Council—if first senate neglect to make by-laws within twelve months, secretary of state to do so.

29. To publish a pharmacopœia.

DISQUALIFICATION.—30. No person to practise the art of medicine after February 1, 1842, unless he possesses a certificate or carry on the trade of chemist and druggist after December 1, 1842, without a license.

31. No bodies after by-laws are published to grant a diploma, certificate, or license to practise the art of medicine, except according to this Act.

QUALIFICATION.—32. Council to appoint examiners annually—to examine subject to the rules laid down by the senate—council to order diploma to be granted to persons upon the recommendation of examiners—persons obtaining diploma of qualification to practise medicine, to be entitled to obtain a certificate for any part of the kingdom, in the same manner as persons entitled to them at time of passing this Act—persons obtaining diploma of qualification as chemist and druggist, to be entitled to license.

33. Medical men entering army or navy to possess a diploma.

34. Persons practising as dentists or cuppers at the time of the passing of Act, to have certificate to continue to practise as dentist or cupper.

CHEMISTS AND DRUGGISTS.—35. Registrars to grant licenses to persons obtaining diploma of qualification to carry on trade of chemist and druggist upon a payment annually—licenses to be renewed annually—a list of persons obtaining a license to be published in medical lists—all persons at present being chemists and druggists, or assistants, or apprentices, claiming the exemption within twelve months, to obtain licenses and not to be called upon to renew them annually, unless they desire—if they renew them, their names are to be published in the respective medical lists, and not otherwise.

ASSISTANTS AND APPRENTICES.—36. Medical practitioners and chemists and druggists to make declaration of assistants and apprentices in their employ annually—persons being assistants must possess a certificate or license, unless they be apprentices—assistants not to renew their certificate or license annually.

MEDICAL PRACTITIONERS.—37. Powers and privileges of physicians, surgeons, and apothecaries, to be transferred to medical practitioners under this Act.

38. May recover charges for professional visits and consultations.

39. Medical practitioners and chemists and druggists to be exempt from serving on juries and other offices.

PENALTIES.—40. On registrar, or his deputy, for wilfully neglecting or refusing to discharge duties imposed upon them by this Act.

41. For illegally obtaining or attempting to obtain a diploma, certificate or license.

42. For making a false declaration.

43. For practising medicine without a certificate, or trading as a chemist and druggist without a license.

44. For employing or acting as an assistant without being qualified, or for neglecting to make a declaration of assistants and apprentices.

45. Penalties to be recovered before one magistrate in London, or two elsewhere.

46. If penalty not paid, magistrate to commit to prison—one half of pecuniary penalties recovered to go to informer, the remainder to the treasurer of the council where offence committed.

47. Persons convicted may appeal to Quarter Sessions.

48. If any day fall on Sunday, business to be transacted on the following day.

49. Act may be amended during session.

UNIVERSITY OF LONDON.

SECOND EXAMINATION FOR THE DEGREE OF M.B., NOVEMBER, 1840.

Pass Examination.—First Division.

Philip Burnard Ayres, University College.
John Charles Bucknill, University College.
John Carey, Richmond Hospital, Dublin.
Anthony French Carpenter, School of Physic in Ireland.

Henry Cooper, University College and Middlesex Hospital.
Stephen Jennings Goodfellow, St. Bartholomew's Hospital.

Thomas O'Meara, University of France, and Mercers' Hospital, Dublin.

John Paddon, University College.

Richard Quain, University College.

William Rayner, University College.

Robert Russell Sewell, University College.

John Douglas Strang, University College.

Jonathan Mason Waddy, St. Thomas's Hospital, and Webb-street.

Thos. Williams, Guy's Hospital, & Webb-street.
Edwin Wing, School of Physic in Ireland.

Second Division.

Edward Goodeve, Bristol (Medical School).
Robt. Hutchinson Powell, Digges-street, Dublin; and Apothecaries' Hall, Ireland.

Wm. Tyler Smith, Bristol (Medical School).

David Unwin, University College.

INOCULATION.—The following circular has been issued to the various district registrars of deaths:—"General Register Office, October 31st, 1840. Sir, in consequence of the great number of cases of Death from Small Pox in the Metropolis, I am directed by the Registrar General to recommend that in every case of Death from Small Pox registered by you, you shall enquire whether the individual who has died had previously had Small Pox, or been Vaccinated, or not—and if informed on that point, shall insert in the column of your Register headed "Cause of Death," under the words "Small Pox," the following additional words, "after natural Small Pox"—"after Small Pox by inoculation"—"after Vaccination," or "without previous Vaccination," as the case may be."—[This will still further assist in perfecting the valuable data which the system of Registration has already afforded in reference to Vital Statistics.]

THE LATE SIR ANTHONY CARLISLE, KNT.

IN pursuance of our promise, we proceed to give a brief memoir of the worthy Knight, furnished by a valued correspondent. Sir A. Carlisle was the third of four sons, was born in the year 1768, and was a descendant of an ancient noble family, Sir James Carlisle having married Margaret Bruer, whose successors obtained a peerage, with the barony of Tortthorald. He had considerable attention paid to his elementary education, as was perceptible to any person enjoying the pleasure of his conversation for a short time only, and as a Latin scholar was not surpassed by any on the Court of Examiners of the Royal College of Surgeons in London, as the fact of his always being the Latin Examiner of the College would prove. He commenced his professional studies at the Hunterian School, and attended with unwearied diligence the valuable lectures of Cruikshank, Hunter, and Baillie, where his talents and industry soon attracted the notice of the immortal Hunter, who ventured to predict his future professional eminence, and certainly young Carlisle was an enthusiastic admirer of England's greatest physiologist. He availed himself of every opportunity of being in his society, and listened with earnestness to the valuable lessons of wisdom which fell from his lips. So high an opinion had Hunter of Carlisle's abilities, that he requested him to conduct the dissections for, and undertake the arrangement of, his magnificent museum; this, however, he declined, preferring to become a resident pupil of Mr. Henry Watson, one of the Court of Examiners, and also Surgeon to the Westminster Hospital, whom he succeeded on that gentleman's decease in 1793, and of which he was for many years the senior surgeon. In May, 1815, he was elected on the Council of the College of Surgeons in the place of Mr. Ware, deceased, and became an Examiner of the same in April, 1825: he has also filled the President's chair twice, viz., in 1829 and 183—. He was many years one of the Curators of the Hunterian Museum; he has also been one of its Professors of Anatomy and Surgery, and was Surgeon Extraordinary to his late Majesty George the Fourth, from whom he received the honour of knighthood at the first levee of that monarch, he being recommended for that honour by the Privy Council, on the ground of his professional merits. He was also appointed Surgeon to the late Duke of Gloucester at a personal interview, to which he was introduced by the learned Dr. Samuel Parr. In 1808, upon the death of Mr. Sheldon, Sir Anthony succeeded him as Professor of Anatomy to the Royal Academy, the first being Dr. William Hunter; he was, therefore, the third anatomical professor to this institution. He held the appointment for sixteen years, varying the courses every year, but devoting the first two lectures to an especial exposition of the connexion between anatomy and the fine arts, embracing a philosophical view of the passing state of anatomical knowledge, and in the delivery of his lectures he is represented as having been no less abstruse and instructive, than pleasant and amusing. Upon his retirement he carried with him the good wishes and sincere thanks of all the Members of the Academy, who, to testify the sense they entertained of his distinguished services, presented to him a handsome salver, with the following inscription, viz., "Presented to Sir Anthony Carlisle, Knt., with the unanimous thanks of the President and Members of the Royal Academy of Arts, for the zeal, attention, and ability with which, during sixteen years, he fulfilled the duties of Professor of Anatomy to that institution, and as a testimony of their

respect and esteem. London, 1825." His illustrative anecdotes were always good, and his manner of telling them excellent. We recollect on one occasion passing through a great thoroughfare, witnessing a man setting a saw, the operation of which appeared to annoy him, for he exclaimed in his peculiar manner, that he supposed the fellow was a member of the Phil(ile)harmonic Society. We may, on another occasion, give a few more anecdotes.

In personal appearance Sir Anthony was tall and well proportioned, being about five feet nine inches in height, and with a countenance handsome, and adorned with intelligence and good-humour; he was one of "the three handsome surgeons," Sir Astley Cooper and the late Mr. Andrews being the others. He was latterly very careless in the adornment of his person, attending only to comfort without any attention to appearance; we have frequently met him in Portland Place with an old Welsh wig on that a hackney-coachman would not wear.

In closing this short notice of Sir Anthony, we may express a hope that his successor on the Council of the College of Surgeons, whom rumour states to be Mr. Liston, will take as much interest in the welfare of the profession, as the worthy Knight did in the formation of the splendid College library, which he zealously endeavoured to make perfect. It is expected that Mr. Thomas Copeland will succeed him as an Examiner. Sir A. expired at his residence, Langham Place, on Monday evening, the 2nd instant, at half-past seven, aged seventy-two.

FEMALE FORTITUDE.—With the exception of naval and military men, there is no class of the community who witness more examples of fortitude and personal courage, than the practitioners of surgery. What greater proof can be given of confidence and courage, than that with which a person surrenders himself, blindfolded, and bound hand and foot, to the knife of the operator? Every day in the week, this great metropolis produces in silence and secrecy acts of heroism, of strength of mind, and firmness of purpose, that would do honour to the ancient Roman. I have witnessed many in both sexes; and, although the first amputation I ever saw had nothing of the "sublime or the beautiful" to recommend it, yet it affords an illustration of the observation, from low life, of how much the mind may be under control, even during great bodily pain, and the bitter anguish of the sudden loss of a limb.—"How do you find yourself, Mrs. Judy?" said a St. Bartholomew's surgeon, after taking off the arm of an Irish basket-woman.—"How do I find myself? why, without my arm—how the devil else should I find myself?" was Mrs. Judy's reply. In another operation, shortly afterwards, of much more importance, the force of female character was evinced in a different manner. A lady of some consequence, of the highest order as to intellectual endowments, had occasion to submit to one of the most serious, painful, and protracted operations that the sex can be subject to. Her case was a source of great interest to all her friends, and of most bitter anguish to all her relatives. When the necessity of an operation became decided, she determined on the speedy and secret execution of it, and arrangements were made on her own planning, by which her physician, three surgeons, and myself, then a surgical aid-de-camp, were introduced into the house, and the operation successfully performed, without the knowledge of any of her own family, or the cognizance of any of a large establishment, excepting her own maid.—*Med. Gaz.*

CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.

CHAPTER XIII.—THE ROPE-DANCER.

(Continued from p. 70.)

THE coach containing Macarthy, Johnson, and the two performers, passed through a labyrinth of minor streets, the complicated situation of which was only to be discovered by their unknown latitude being occasionally broken by some large thoroughfare, and at length emerging into High Holborn, turned down Drury Lane. It was here immediately beset by a crowd of vendors of playbills, who thinking, from the direction the vehicle was taking, that it contained a party going half-price to the theatres, pertinaciously insisted upon running in the mud by its side, and thrusting their flimsy wares in at its windows. At length, by the direction of the male rope-dancer, it stopped at the corner of a small and dirty court, and the steps being let down, Macarthy and his companion jumped out in order to assist their patient, having dispatched the man to his lodgings, at a few doors up the court, to get the door open in readiness for their entry. It may be supposed that a crowd was not long in collecting round the door of the coach. Drury Lane generally abounds in ragged idlers, who will stop to gaze at the slightest occurrence; but when they saw a female, in the spangled dress of a ballet girl, lifted out of the coach by two decent looking young men, and carried up the court, their curiosity knew no bounds, and they crowded after the parties who so attracted their attention, that it required the united efforts of two policemen and the man who lodged in the back cellar, to shut the door against them when they had once entered. The noise in the court had put all its inhabitants on the *qui vive*, and every window had an occupant gazing down upon the tumult below. The neighbours also had assembled on the steps of each other's doors, to inquire "What was the row!" and add to the general Babel of chatter; for a disturbed ant's nest is a scene of tranquillity compared to the sudden "gathering" of a court in Drury Lane, when an itinerant tumbler, a drunken riot, an insulted "crusher," or, as in the present case, an unexpected accident breaks in upon its general uniformity of diet, poverty, vice, and misery.

The two students had some difficulty in supporting the poor girl up the steep and narrow stairs; nor were their habiliments improved by the contact of the rough and craggy walls on each side of them, the plaster from which had fallen off in large flakes, laying bare the laths in several places, and crushing under their feet as they ascended. At every landing the occupants of the floor had collected from curiosity, peeping over one another's heads through the half-opened doorways of their apartments, and one or two women, destitute of shoes or caps, with merely a worn and dirty shawl thrown over their drabby apparel, followed Macarthy and his charge.

They kept going up and up, until they came to the topmost garret, and here they entered, when Johnson ordered the policemen to close the door, admitting no one but one woman whom the girl seemed to wish should be there. They then laid their patient upon an apology for a bed in the corner of the room, and Macarthy directed the neighbour to divest the sufferer of her tawdry dress.

During this operation he cast a glance round the room, as he sat upon an old deal box in the corner. From the slanting roof it was evidently immediately under the tiles, and about ten feet square. A few bricks, divided by pieces of old iron hoops, formed the fireplace, but the blacked front of the chimney and

ceiling in general showed the smoke had a predilection for the interior of the apartment instead of going up the chimney, in spite of the tattered piece of drapery that was nailed across the top of the aperture, to improve the draught. A piece of line was stretched across the room over the bed, and to this was attached, by old brass rings and loops of tape, a patched and ancient bed-curtain which had once been blue check, and which formed a sort of screen when drawn, dividing the bed from the rest of the room. It was now pulled across, and behind it the woman was assisting the rope-dancer to undress. There was an old Dutch clock in one corner of the apartment, which was surmounted by a quaint little figure of a skeleton, not built in very good anatomical proportions to be sure, but who nevertheless kept industriously mowing away nothing with a tin scythe, in strict accordance with the beat of the pendulum. The dial itself marked the hour of half-past three, and the hands pertinaciously refused to quit that period, except when they worked a little way backwards; indeed, the whole affair seemed somewhat in the situation of a favourite done-up horse turned out for life in a paddock, who having worked hard in his time, and being no longer useful, is allowed to go on as he likes just for his own amusement. There were two or three pairs of dirty and worn-out satin slippers, edged with very tarnished silver lace, lying about upon the floor, and some ballet finery, consisting of tinsel bracelets and showy wreaths, was scattered about the room, together with various articles of stage jewellery, principally of the class and value of those attractive ornaments which are to be seen in the theatrical shops in Vinegar Yard, comprising tiaras, buckles, ear-rings, brooches, and girdles, which there glitter out from a wilderness of combat swords, helmets, chains, and odd russet boots.

"Well, now we'll look at it," said Macarthy, as the neighbour announced that the girl was ready to be seen.

"I hope you're not going to cut me, sir," said the dancer, with the vague apprehension that all the common class entertain, of the possibility of any operation being got through without, saw and knives.

"Oh, no," replied Mac. "Now look at this, Johnson, and tell me what you think of it."

The limb, and especially the ankle-joint, was by this time puffed and inflamed, and the slightest touch caused great pain to the patient. The foot was, however, everted and abducted, and there was a sensible depression over the fractured portion of the fibula.

"It's a case of Pott sure enough, Mac," said Johnson.

"So I thought, and now all we have got to do is to put it to rights again. Have you got any linen to make some pads and rollers of?" he asked of the neighbour.

The neighbour didn't know—she was not quite sure,—the children did take everything so, and she had only been saying that morning that they should'n't do so any more; last week she had plenty—more than she knew what to do with—but she'd given them all to Mrs. Luffin, as had been confined of a dead child on the third floor on Sunday morning. She concluded by saying she'd go and ask some of the other lodgers.

During this tirade, the man was busily searching in the bowels of a ricketty set of drawers, from whose recesses he at length produced an extraordinary collection of old capstrings, faded bonnet-ribbons, little bits of linen, and such other rubbish, which Mac set Johnson to tack together, and form into something like a bandage.

"We shall want some splints," said the

latter gentleman, as he turned a red pan topsyturvy to form a seat, and commenced stitching away with most praiseworthy energy.

"I reckon you've not got much wood up here," said Mac to the man. "Ah, so I expected," he continued, upon receiving a reply in the negative; "well, what's to be done—the leg of the table's too thick, and that handbox too thin."

"Perhaps some of the bannisters can be made to come in useful," suggested Johnson, looking up from his work, and thereby pricking his finger.

"I don't think there are any, sir," said the male dancer.

"How so?" inquired Mac.

"The lodgers burnt them all last winter, it was so cold."

"The devil they did!" exclaimed Macarthy; "and what did the owner of the house say?"

"He said a good deal, sir," replied the man; "but he could not do anything, because he never knew who burnt them; and he wasn't able to swear to the charcoal that he found in one of the grates. The lodgers below would burn the stairs now, only those as lives above won't let them."

"I've got it!" cried Johnson, struck with an idea. "I know a capital plan."

"Throw it off your stomach, then," said Mac.

"Why, look here. When you've gone through all the antidotes for oxalic acid at the Hall, they tell you you should scrape the ceiling. Now, if its allowable in one case it is in another."

"What are you driving at?" asked Mac.

"Oh, I know," replied Johnson mysteriously; and standing on the inverted pan, he commenced battering the ceiling, in the part that looked most vulnerable, with the iron spike that formed the poker, soon bringing down a shower of bits of mortar and rubbish.

"Hould your sowl! what do we want with all that plaster?" cried Macarthy.

"Nothing with the plaster," rejoined Johnson, "but a good deal with the laths underneath it. They'll make capital splints—look here, now," and hereupon Mr. Johnson seized one or two laths and pulled them down in triumphant self-content at his lucky thought.

"Well, they're not such bad makeshifts after all," said Mac.

"Makeshifts indeed!" cried Johnson contemptuously. "I've seen better cures of fractures in the country made with a few laths, than ever I've seen at the London hospitals, with all their fancy splints and inclined planes. Look at these," he added, taking his knife from his pocket, and cleaning off the plaster, and rounding the edges; "now you can bend these to any shape you like by dipping them in a quart-pot full of hot water."

"They'll do for this as they are," observed Mac, and taking them from Johnson, he wrapped some of the linen round them, and then applied them with some care to the injured limb. The neighbours also returned just at this moment with a fresh supply of rags, and with all these he was enabled to do the ankle up with tolerable comfort to the patient, and satisfaction to himself. The girl herself bore it with great patience, and when he had finished expressed her thanks.

"How long do you think it will be before I can dance again, sir?" she inquired.

"Oh," said Mac, "we must not reckon too much upon dancing just yet. It will be three weeks, at the earliest, before you can walk."

"It's a bad job for us," said the man. "I can earn something by myself, it is true, but it was the double dance upon the rope that earned

most money, and I cannot do it with any one else."

"Tilly Davis could learn it very soon, I'm sure," said the girl; "but I don't know where to find her now, since she quarrelled with the Egyptian brother after Croydon Fair."

"I shouldn't wonder," replied the man, after a minute's pause, "I shouldn't wonder if she's one of the Chinese Family that are dancing now at the Pavillion. I'll go and see to-morrow. We could finish at the Eagle by half-past eight, and she's not wanted at the pavillion until ten."

"Well, how do you feel, now?" said Macarthy, addressing his patient, when they had arranged these things to their satisfaction.

"It's rather painful, sir," returned the girl, "but much easier than it was. You'll call and see it to-morrow?"

"To be sure I will," replied Mac. "Keep up your courage, and you will do very well;" and patting her on the shoulder that her slight dress barely covered, with much more kindness than he would have done to an old woman in the hospital, he took up his hat and left the room, accompanied by Johnson, and followed the neighbour, who lighted them down with a thin candle that appeared to be suffering acutely from jaundice.

"Is it a bad hurt, doctor?" asked the woman, as they reached the door of the house.

"Oh, no," replied Mac. "Are you going to stop with her?"

"I will to-night, sir," answered the woman. "Her brother don't live here, and she'll want me things done for her, I dare say."

"I'm game to stand a shilling if you are," whispered Johnson to his companion; "it will get them two or three things to-night, and they'll be precious in the hard-up line."

"I'll see about it," returned Mac. "And you, missus," he added to the woman, "just come into the druggist's shop here with me, and I'll give you something to make a wash for the foot, and keep down inflammation."

There was a medical bluebottle's just at hand, whose coloured lamp (or "flag of distress" as Dr. — used facetiously to call it,) threw a very droll light upon the faces of the messengers when they got within the focus of the glaring bull's-eye. The window was stocked with spiced aromatic plasters, from twopence upwards, soda water powders in blue and white tins, ounces of Epsom salts, boxes of antiseptic pills, white plaster of Paris horses, lockery jars for tamarinds and honey, and glass tubes with bulbs for drawing breasts. Black-framed labels of gold letters upon ground glass announced that "Cupping," "Tooth-aching," "Bleeding," "Leeches," "Ginger Beer," and "Horse and Cattle Medicines," all enjoyed an equal share of the attention of the proprietor, whose diploma was ostentatiously displayed in the window, surrounded by a pleasing allegorical assemblage of decayed teeth, ivory and pewter syringes, nipple shields, pessaries, and suspensory bandages.

Having purchased a small quantity of sugar lead at this "medical emporium," Mac gave it to the woman who waited for him without, and told her to put it in a bottle of water, and then lay the rags over the ankle and dampen with it.

"Or, as Mr. Silverlock more classically observes," said Johnson, laughing, "'Linen thus wet with the lotion to be applied cold to the part affected, and changed as often as they come warm or dry.'"

"And now," said Mac, "when you've made the wash, don't drink it whatever you do. If I want anything in that line here's a couple of shillings for you, and you can get some tea. Now all you old girls like tea."

The woman expressed her thanks and departed, and Macarthy and Johnson finding it was nearly twelve by the clock at the end of the Leg of Beef Soup Rooms, turned towards the direction of Maiden Lane, where they thought it most likely they should meet Whipples and Swubs at the Cyder Cellars. ROCKET.

(To be continued.)

DEATH BY HANGING—IMPORTANT MEDICO-LEGAL INQUIRY.

From our Paris Correspondent.

AN assassin luxates the neck of the victim, and afterwards hangs him in order to induce a suspicion of suicide. Here, then, arises a most important question in medical jurisprudence, to distinguish between *suspension before and after death*. For in the case of a young man and his mother, who murdered the father, the testimony of the experts was conflicting, and the culprits would have escaped punishment had not M. ORFILA been called upon to decide. The victim was found suspended in his stable by a cord two yards in length. The noose was outside the collars of the shirt and waistcoat; he was seated on the ground, and his legs were extended horizontally; a plumb line from the fixed point of the cord, proved the latter to be several centimeters out of the perpendicular. The neck was free from ecchymosis, but on the face and scrotum were several patches of extravasated blood. The mouth was full of haricots imperfectly digested. There was neither congestion in the genital parts nor trace of erection. The pupils were dilated, and the face was pale. The shirt near the genital parts was spotted with blood.—The second cervical vertebra was luxated without laceration of the ligaments, or of the neighbouring soft parts, and the finger could be passed between the articular apophyses of the two vertebræ on the left side. The sinus's of the dura mater were gorged with blood, and the bladder contained urine; no disorder existed around the body of the deceased to excite a suspicion of any struggle with his assassins.—Notwithstanding the conflicting testimony of the experts, the assassins were found guilty, and after the sentence of death was pronounced, they confessed their crime. They had stifled the old man with his cap, had violently and repeatedly twisted his head on his neck, and during the struggle the son had knelt upon the genital parts of his father. The contradictory reports of the experts were as follows:—One affirmed, that the man had died from asphyxia, which was not occasioned by the suspension, and that the suspension was effected after death.—The other reported, that in fact the man had died from asphyxia, but from suspension during life; that the ecchymoses and sanguineous transudations were far from indicating the contrary; that without suspension during life the death could not be accounted for.—M. ORFILA, called upon to decide between the conflicting experts, said, most unaccountably we think, that the suspension might *possibly* have been effected during life, but that such a supposition would be contradicted by the luxation of the second vertebra on the first, since all the circumstances removed the idea of any resistance having been made by the victim.—Here is an error which cannot be suffered to pass. The man was seated upon the ground with his legs extended horizontally. The suspension cord was out of the perpendicular, he was therefore not strangled by it, but a violent jerk of a determined man within the noose of a rope might have dislocated the neck, as in the following case:—M. DUMERIL stated to the Academy, that in 1812 in going round his hospital he saw a man who had been just admitted, and in whom he re-

marked nothing but a very florid countenance. He had scarcely quitted the ward when the house physician ran after him to tell him that the man had hung himself. M. Dumeril could hardly believe it, but the other said, "Make haste, we may still be in time to save him." They ran and cut the cord, but all attempts to restore life were in vain. On cutting the cord the man's legs were found extended in the bed, and his breech almost on the pillow. On dissection, the odontoid process was found luxated, with ligaments ruptured. The process had passed under the transverse ligament, and had compressed the spinal marrow.—This case must not be confounded with that of hanging by the drop, where luxation is never, we believe, met with. The man passed his head into the noose and violently dislocated the neck, without even rising from his seat in the bed.—The design of M. ORFILA, in the memoir now presented to the Academy, is to ascertain the medico-legal importance of luxation of the second cervical vertebra, and of other disorders of the vertebral column. He passes rapidly over the signs of death from hanging, which are derived, 1st, from the state of the face; 2nd, the tongue; 3rd, the sanguinolent foam in the mouth; 4th, from the rupture, or otherwise, of the inner and middle coats of the carotid; 5th, effects produced by the cord; 6th, semen found in the urethra; 7th, congestion of the genital organs and erection.—As to the two last signs, he observes, they may exist in suspension after death, when it has been long continued, and thus may be absent in case of suspension during life, when it has been of short duration, and the death has been instantaneous. Two cases of suicide by suspension, related by M. Ollivier (d'Angers), prove the latter fact. In both cases the suspension had existed only for a few seconds, and no trace was perceived of congestion either in the scrotum or the penis, which last, on the contrary, was remarkably flaccid, and its cavernous sinuses were very pale. In these instances the cord had been passed above the thyroid cartilage, and the closing of the laryngeal opening had produced instantaneous asphyxia.

Can the Atlas be luxated upon the Axis in the Dead Body?—To determine this question, M. Orfila has made two series of experiments; the first on fourteen bodies which were suspended by a cord passed under the chin with the trunk very near the ground, and the legs extended horizontally. The bodies were then by violent shocks pulled downwards, from the head in the noose of the cord, in order to effect luxation if possible. The head was sometimes rotated on the body, and at others bent forward violently, yet without dislocation. In one subject the odontoid apophysis was fractured near its base without displacement; and in another, the body of the axis was horizontally fractured, also without separation.

Second Series of Experiments on six Dead Bodies.—These were hung with their feet a yard from the ground. Several robust men jumped upon the shoulders, and also bent and turned the head upon the trunk in all directions, without any dislocation or fracture being discovered on dissection. The case of the murdered old man above mentioned seems, says M. Orfila, in contradiction to the above experiments. "It should be remarked that the experts described a luxation without laceration of the ligament, without disorder of the soft parts, yet so that the finger could be introduced into the articular surfaces. But how can we admit a luxation without laceration of the ligament, with the possibility of interposing the finger between the articular surfaces?"—As to the inability to produce luxation in the dead body by hanging, the author adds that still greater difficulty must exist during life, when the muscular

contraction opposes great resistance to the movements communicated. This M. VELPEAU denied, "for," said he, "when the bones are once placed in a certain direction, muscular contraction is superadded to, and assists the, external cause of dislocation."

Can luxation or fracture of other parts of the Vertebral Canal be produced by the above Experiments?—Rupture of the yellow ligaments was produced in two cases by the first series of experiments, and in one of them there was an effusion of blood around the rupture, which the author notices as a remarkable occurrence. In similar experiments performed by Malle, the spinous apophyses of the dorsal region were sufficiently separated to admit of the entire finger being placed between. Once the body of a vertebra was fractured, twice there was luxation of one side of the articular apophyses of the dorsal vertebrae. Six times were disorders both in the body and articulations of the dorsal vertebrae. Nothing was found from the second series of experiments.

Can luxation of the Atlas upon the axis be produced by hanging a living man?—Many authors reply in the affirmative, and Louis, among the number, has explained the manner in which this takes place, but without giving any dissection in support of his assertion; nor is the case of J. L. Petit better supported. On the other hand, Mackenzie and England have examined the necks of more than fifty hanged men without finding luxation. True it is that the mode of hanging in England differs from that employed in France in the time of Louis. —We may add that hanging by the Newgate drop offers no chance of luxating the vertebrae; death is instantaneously produced by the tremendous shock of the brain and spinal marrow, of which we have an example in miniature in the mode of killing rabbits by a blow upon the upper part of the spinal matter at its junction with the head. In the old Tyburn plan of swinging from a cart pulled from under the feet of the criminal, strangulation is the chief cause of death, but luxation is not impossible.

Can the axis be luxated upon the Atlas in a person who hangs himself?—Louis has replied in the negative. In a great number of suicides from hanging, an investigation of this point has been pursued, but no luxation has been found. Chaussier, however, in his lectures, adduces one fact, but he has given no anatomical details. Two other cases given by a physician at Liege are considered inconclusive. —That M. Orfila is in error on this point is clear, from the case of M. Dumeril above reported, where luxation was verified by dissection.

Can suspension during life by suicide or homicide produce luxation below the second cervical vertebra?—M. Orfila resolves this question in the affirmative, on the strength of the experiments above narrated.

Does the vertebral column, in case of suspension, afford any criterion whether that act was by suicide or homicide?—Contrary to the opinion of authors, M. Orfila decides in the negative.

Conclusions.—First, no isolated sign hitherto described by authors can distinguish suspension effected during life from that after death. The following characteristics, given by Duvergie, are erroneous: 1, asphyxia; 2, mark of the rope on the neck; 3, fracture of the os hyoides or the thyroid cartilage; 4, ejaculation; 5, section of the two innermost membranes of the carotid, which sign was given first by M. Amussat.—Second, when with signs of asphyxia there is neither ecchymosis, nor mark of the rope round the neck, nor fracture, nor luxation, the suspension might nevertheless by possibility happen during life, but

more probably after death.—Third, if there be ecchymosis in the skin and cellular tissue of the neck near the mark of the cord, suspension during life is the most probable.—Fourth, if there is laceration of the ligaments with or without ecchymosis around the torn part, or in the neck, with signs of asphyxia, fracture of the vertebrae, and no other lesion of the body, suspension may have taken place during life, but it may also have been effected after death.—Fifth, if with asphyxia some cervical vertebrae is fractured in the suspended man, and no other violence is perceived, it is probably the result of homicide.—Sixth, if there is luxation of the atlas upon the axis, we may affirm that the suspension was after death, unless there be caries of one of the vertebrae.—Seventh, the most conclusive proofs are to be taken from the place in which the suspension was effected, and from circumstantial evidence. All these opinions of M. Orfila, we cannot help remarking, are far from being conclusive.—M. GUNELLE cited a case in which a man hung himself under circumstances like those related by M. Dumeril, where nothing was found in the vertebral canal, but there was ejaculation without the least erection or congestion of the genital parts.—M. DUPREY stated that he had made experiments on horses which tended to diminish the importance of ecchymosis as a sign of injury during life. He injected blood mixed with cerebral matter into the veins of horses which he afterwards killed. Having opened these animals some hours after the injection, he found large ecchymoses in the lungs. Other horses were sacrificed within half an hour of the injection, in which he found small ecchymoses in the lungs, and he was surprised to find, on prolonging his examination, that the spots gradually enlarged, and acquired the dimension of those which he had found seven hours after death.

ON THE CONTRACTILITY PRESENTED BY THE HEART OF THE SHARK AFTER DEATH.

To the Editor of the 'Medical Times.'

SIR,—If you consider the following observations of sufficient physiological interest to deserve publication, I shall feel obliged by their insertion in an early number of your valuable Journal.—I am, yours, &c.,

ALEXANDER GRANT, M.R.C.S.

7, Caroline Street, Bedford Square, October 30, 1840.

At 8, 15 A.M., hooked a large shark. At 8, 30 he was got on board, and destroyed by cutting off the tail, which at once rendered him powerless, and drained all the blood from his body. One hour after death the heart was presented to me, it was collapsed, perfectly empty, about the size of the heart of a full-grown foetus. At this time the ventricle contracted powerfully, and of its own accord. One hour and a half after death, the auricle contracted spontaneously, and at regular intervals of once in every ten seconds. At the expiration of two hours the auricle continued to contract when pricked by the sharp point of a scalpel. The ventricle by this time had ceased to contract even when stimulated. At the end of two hours and a half the auricle also ceased to act. Attached to the auricle was a portion of the great vein of the body (vena cava), and this presented the most remarkable phenomena observed.—It contracted synchronous with the action of the auricle, and long after the latter had ceased to act, it presented a vermiform motion both spontaneously and when irritated by being touched with the knife. The contraction took place in the direction of the circular fibres of the vein, the fine serous membrane lining which became corrugated into longitudinal folds.

Remarks.—The importance of the foregoing observations consists in the evidence afforded by

them of the muscularity of the veins, and consequently of the arteries. I think that they clearly establish the following positions:—1st. That the heart contracts spontaneously, and without the application of any stimulus, and therefore the blood is not the sole cause of the heart's contraction, as many physiologists contend.—2nd. They confirm the dissections and experiments upon animals made by Dr. Marshall Hall in proof of the muscularity of the arteries and veins.—3rd. They completely disprove the assertion of M. Magendie that the contractility of both arteries and veins is a mere physical action, and dependent upon the resiliency of their respective tissues. The vena cava in the present instance was cut open and lay collapsed, consequently all elasticity of its coats was destroyed. Still it presented a very evident contraction of its circular fibres both of its own accord, and when pricked by a scalpel. This, therefore, can be no physical but a vital action, and that vitality seated in muscular fibres. Should another opportunity occur, it would be well to make trial of the effects of the more powerful acids in inducing contractility, and also to extend the experiment to the arterial and venous trunks and their larger branches.—This shark was of the common species, and measured about eight feet in length. In its stomach we found the skin and wool of a sheep's tail, and a large piece of oil-canvas, which in all probability had smelled sufficiently strong of grease to tempt his palate. What a powerful digestion must these ravenous animals possess! *Query.* Would not chemical analysis of their digestive fluid for an interesting subject of inquiry, and might not throw some light upon that very obscure subject?

At 7 30 A.M., had the heart removed from shark then just caught. When held in the hand the ventricle contracted with much power, rendering its parietes as firm as a board. When laid at rest it displayed the normal action of the heart. The auricle first contracted, and immediately afterwards the ventricle; there was scarce any appreciable pause between the two actions. For the space of half an hour both cavities presented this regular motion; and there was a pause of five seconds betwixt each diastole and systole, this gradually became prolonged until the ventricle was rigid and ceased to act. When, however, pricked with a scalpel the contractions occurred in quick succession, until the organ appeared to exhaust its irritability. During the space of two hours the auricle presented signs of contractility; and long after this period had expired, the vena cava presented the beautiful vermiform motion observed on the previous instance. On this occasion the motion was more evident and more complete, being continued around the whole circumference of the Eustachian valve.

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.
OCTOBER 13.

A letter was received from M. LASSAIGNE relative to his mode of employing Marsh's reagent for detecting metallic arsenic in cases of suspected poison, and which mode was reported at the last sitting. After the reading of the memoir, M. CHEVALIER denied the novelty of the proposal. An English chemist spoken of the change of colour experienced in a solution of nitrate of silver, by the current of senescent hydrogen gas from the apparatus; M. Lassaigue says, that the individual in question was of opinion, that the product was arseniated silver, capable of sublimation.—M. Simon proved that this is not the fact, but that arsenic acid is formed while metallic silver is deposited. M. CHEVALIER expressed his belief, that the method of M. Lassaigue is not likely to be a

tageons, inasmuch as it becomes necessary to resort to a succession of operations, in order to transform the arsenious acid into metallic arsenic.—M. ORFILA requested the president to cause the sealed packet to be opened, which he had deposited a few days since in consequence of being unable to attend at the meeting. The facts which it contained relate to the arsenic in peroxyde, and other compounds of iron, (which are nevertheless administered with success in large doses as antidotes to the poison of arsenic).—M. Orfila boiled for several hours in five different capsules 155 grammes of peroxide of iron in 124 grammes of distilled water. By Marsh's apparatus no arsenical spot was obtained on the capsule of porcelain. It appears, then, that by mere boiling in distilled water the arsenic cannot be extracted, but on boiling for five hours the same peroxide of iron, and the same quantity in pure sulphuric acid, the liquid of three capsules out of five gave traces of arsenic. Two grammes of purified potash, added to the same quantity of the peroxide boiled in distilled water, failed to extract the arsenic. Four doses of 124 grammes of Colcothar of commerce, boiled for four hours in distilled water, gave no trace of arsenic, but the same substance in the same quantity, boiled for five hours in sulphuric acid, gave large arsenical spots by means of the apparatus. The same substance, in smaller quantities (two grammes), boiled in sulphuric acid, also gave out arsenic, but the quantity reduced to one gramme gave none. A solution of sulphate of iron of commerce gave no arsenic. It frequently happened in the course of these experiments, the flame of the hydrogen, which was strong, and from five to seven millimetres of diameter, in which state it is best adapted to the deposit of the mineral, gave out spots of iron, grey, blueish, brown, brilliant, and meroitantes, which may be distinguished from arsenic, because they are not volatile, and are soluble in chlorhydric acid.—125 grammes of Colcothar were introduced into the stomach of each of three dogs, and vomiting was prevented by tying the œsophagus: one was examined thirty-four hours afterwards, the other fifty, the third sixty. The liver, the spleen, the lungs, the heart, and the kidneys of these animals, submitted to chemical operations, offered no trace of arsenic, but in the first dog, the liquid of the intestines and the stomach, filtered from the Colcothar, gave the arsenical spots, and the urine contained none. The intestinal fluid of the second dog (killed after fifty hours), filtered from the Colcothar, gave the arsenical spots, and the urine still more. In the third dog (killed after sixty hours), the intestinal fluid gave still more numerous marks of arsenic.

ACADEMIC MEETINGS AT THE ECOLE DE MEDICIN.

Poisoning from Arsenic—Detection.—M. Orfila's Treatment by Bleeding, and Diluent Nitrous Diuretics.—Scientific meetings of extreme interest was held on the 25th and 26th Oct., in the great Amphitheatre of the Faculty of Medicine, to hear an exposition of the newest modes of detecting minute doses of arsenic by M. Orfila, and to witness experiments of poisoning animals, which are to be followed by another series, in order to demonstrate the efficacy of treating mineral poisoning by evacuating the noxious blood, and promoting the excretion of the poison from the kidneys by copious diluent diuretics. As minerals destroy life by being absorbed into the blood, and as they are finally excreted with the urine, in which they may be detected sooner or later, after being taken into the digestive tube, or absorbed from the subcutaneous cellular membrane, it may be readily conceived that after evacuating the mineral from the part by which it entered the system, the chief object should be to rid the patient of the infected blood, to supply good blood of new formation, and to cause as rapid an excretion by urine as possible. Perhaps the poison may also pass away by perspiration, but this is a point which has not yet been ascertained.—Two dogs were poisoned by arsenic in presence of the learned auditory, (which consisted of academicians, professors, and esta-

blished medical practitioners.) Two were poisoned by emetic tartar. The poisons in two of the dogs consisted of twelve grains of arsenic for one, and the same quantity of emetic tartar for the other, introduced into the stomach by means of a glass funnel through an incision in the œsophagus, which viscus was afterwards tied so as to prevent vomiting. The penis of each dog was tied, in order that the urine might be collected after death, which event was realized according to the prediction of M. Orfila in four hours.—The two other dogs were severally poisoned by three grains of arsenic, and the same quantity of emetic tartar placed in the subcutaneous cellular membrane, by means of an incision through the skin. These died in twenty-four hours. The penis of each dog was tied, in order to prevent the escape of urine, for in all cases of suspected poison, at least from arsenic and antimony, the urine is the first place in which it is to be sought, either during life or after death.—The object of the experiments was, to show that arsenic and antimony would be found in the liver and urine of these dogs respectively, while other animals were put to death by hanging, in order to show that their livers and urine contained no normal arsenic, as some cavillers have affirmed. Normal arsenic does indeed exist in the bones, and it is suspected to exist in infinitely minute quantity in muscular flesh, but in such a state of combination that it cannot be confounded with the arsenic produced from poisoning. M. Orfila declares that he has never entertained the slightest suspicion of its presence in the organs, or in the urine; it would therefore be desirable in medico-legal investigations to operate on them alone.—Both the arsenic and antimony are detected by a modification of Marsh's apparatus for producing hydrogen, which, in its nascent state, dissolves those minerals, and when inflamed at the point of a tube, will deposit them on a cold porcelain surface; but in order to effect the deposition, attention is required to several particulars. If the flame at the point of the tube be too intense, or in other words, too large, the mineral will volatilize instead of being precipitated; if the flame point be turned from the porcelain capsule by a current, or by the carelessness of the operator, the metal precipitates into the air. Nine experienced chemists, on the trial of Madame Laffarge, declared that no arsenic existed in the organs; but Messrs. Orfila, Bussy, and Olliviers (d'Angers) had no difficulty in extracting arsenic from the same organs, which they exhibited in form of metal to the court and jury.—A fourth of each of two poisoned dogs' livers cut into minute particles was dried in separate porcelain capsules, over a charcoal fire. Azotic acid was poured upon the dried masses, which were again exposed to heat. By this means the animal matter was completely destroyed, and reduced to coal. The carbonated masses were separately boiled in distilled water for three hours, and the filtered liquors, together with zinc and sulphuric acid, was put into bottles for producing hydrogen gas. Glass tubes, bent at right angles, and brought to a fine point, were introduced into the bottles through the cork, so as to give exit to the arsenicated or antimoniated hydrogen.—The gas of each bottle, at its exit, being inflamed and directed upon a porcelain capsule, deposited the arsenical spots in the one case, and the antimonial in the other.—The antimonial and arsenical spots may in general be distinguished by their aspect, but the medical-jurist can rely upon no criterion short of chemical tests.—The arsenical spot will be volatilized and instantaneously dissipated by the flame of pure hydrogen gas, not so the antimonial. The spots are both soluble in cold nitric acid, but the salts thus produced, when exsiccated to dryness, may be distinguished by nitrate of silver, which produces red arseniate of silver in the one, and effects no change in the other. As to the aspect, the antimonial spots are dark, the arsenical are of a bluish brown. The normal arsenic from the human muscles, if arsenic it be, is readily distinguished both by the aspect of the spots, which, in general, are white and opaque, but sometimes rusty; they are not soluble in cold nitric acid, like the genuine arsenical spots from poison. They are, however, soluble in boiling nitric acid, but the exsiccated salt thus produced is not convertible

into red arseniate of silver by nitrate of silver.—The urine of the dog, poisoned by a solution of twelve grains of arsenic thrown into the stomach, was proved to contain the metal, by putting it into Marsh's apparatus without its being previously dried and carbouized; but antimony in urine cannot be detected without the usual process of carbonization, and the subsequent addition of chlorhydric acid, because the antimony which enters the urine in the form of emetic tartar, loses its tartaric acid by carbonization with azotic acid, and is no longer soluble in water. Chlorhydric acid corrects this defect.—We may resume this subject in our account of the two other meetings at which the cure of poisoned dogs by bleeding and diluent nitrous diuretics, will be publicly demonstrated. It must not, however, be forgotten, that the evacuation of the poison from the stomach is not to be neglected. The mode of treatment recommended by M. Orfila, from actual and repeated experiment, should be made universally known, in consequence of an opinion being generally prevalent, that tonics and stimulants constitute the best means of counteracting the effects of arsenic.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

NAVY.—Sir Richard Dobson, Knt., M.D., to be Surgeon to Greenwich Hospital, with the rank of Inspector.—James Donville, to be first Assistant-surgeon to same, with rank of Deputy-inspector.—John Wilson, (b.), M.D., to be second Assistant-surgeon of same.—Samuel Irvine, M.D., to the Caledonia.—William Leyson, to the Impregnable.—David Findlay, to the Indus.—Assistant-surgeons: Alfred C. J. Tucker, John A. Corbet, (acting,) James C. Walsh, (acting,) James Fisher, (acting,) to the Caledonia; Henry Trevan, and Thomas Denvir, to the Impregnable.

ARMY.—68th Foot: Assistant-surgeon Thomas Atkinson, M.D., from the 82nd Foot, to be Surgeon, vice Carter, appointed to the Staff.—76th Foot: Assistant-surgeon R. D. Smyth, from the Royal Military College, to be Surgeon, vice Birrell, appointed to the Staff.—82nd Foot: Assistant-surgeon G. M. Webster, M.D., from the Staff, to be Assistant-surgeon, vice Atkinson, promoted to the 68th Foot.

HOSPITAL STAFF.—To be Surgeons to the Forces: Surgeon David Rees, from the 81st Foot, vice Davy, promoted; Surgeon William Birrell, M.D., from the 76th Foot, vice Robertson, promoted; Surgeon John Carter, M.D., from the 68th Foot, vice Dawson, promoted.—To be Assistant-surgeons to the Forces: James McGrigor Grant, gent., and Francis Laing, gent.

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

DIARY OF A YOUNG COUNTRY SURGEON.

Nov. 1, 1840.—Got to bed about three o'clock this morning, fagged to death, having sat up for the last two nights on attendance on Mrs. Skewer, the butcher's wife—first child—lingering labour—debilitated subject—instrumental delivery—altogether bad case, likely to turn out ill. Pleasant: pocketed one guinea, which Skewer thought very large fee, upon which nurse remarked that "of course the gentleman would attend for nine days gratis." Wish they may —. Mem., nine, mystic number in midwifery.—Knocked up at five o'clock by sundry vigorous mono-bangs at the door, each enlivened by an obligato accompaniment on the bell. *Excitior somno*. Thought house on fire, poked head, nightcap and all, out of window, and was informed by a voice issuing from a thick fog, that "Mrs. Tibbs had been racked to death all night, and I *must* come down and see her *directly*." Groaned out a lugubrious "very well," and, most devoutly wishing Mrs. Tibbs at the bottom of the Red Sea, began to insert myself mechanically into my clothes. Having wrapped a large comforter round my throat, stumped resolutely through the fog for more than a mile, running over in my mind the causes of "rackings to death," inflammation of the bowels, arsenic, hydrophobia—settled doubts by learning from little Master Tibbs, who opened the door, that his mother had got the toothache. Condolled with patient (not from the inmost recesses of my soul), and recommended extraction of offending grinder. Obtained reluctant consent, and dispatched little boy for instruments. No fire—devilish cold. Boy returned in an hour. Sight of instruments cured tooth. Spent a quarter of an hour in unavailing persuasions to submit to operation, and at length departed, wondering whether old women's teeth were intended for anything but to plague surgeons.—Had not long been snugly ensconced in bed, when servant knocked at bed-room door, and informed me it was time to get up. Head ached consumedly. Thought that like 'Pilgrim of Love' "No rest but the grave." Dressed, and found by the glass that I looked anything but like an Adonis. Very unpleasant, considering that I have to call on three young ladies, with one of whom I am —. Hand shook tremendously—cut chin in three places, and obliged to decorate it with equal number of black patches. Got down to breakfast and managed to swallow one cup of strong coffee, but could not eat a mouthful. Made out list of patients waiting in surgery, and got on my horse soon after nine.—Morning gloomy, sleet and piercing wind. Rode about sixteen miles, and found three or four patients whose cases *might* require attendance in the night. Pleasant perspective. Horse cast shoe, and obliged in consequence to lead him upwards of two miles to nearest forge. Brute hung back as though he were being dragged to the knackers. Beguiled time, being in a by-lane, by singing "If I had a donkey wot wouldn't go," and on turning a sharp corner ran upon a donkey-chaise, containing two pious old maids of my acquaintance, with whom I wished to stand A. 1 for propriety, just as I was trolling 'orth "If I wouldn't wollop him blow me." Made

time rather adagio, and changed words to "Blow, blow thou wintry wind." Nothing like presence of mind. Received very grim bow, and thought old girls would have liked to "wollop" me. Mem. "Never holloa till you are out of the wood;" alias, "Never sing except on a common." Curse all old maids; fit for nothing but to be in the way when least wanted. Got horse shod, and dried clothes by blacksmith's fire. Coming home, met hounds running in fine style. First regular day of the season; resolved to have a brush with them. Turned horse over fence, and nearly jumped upon two of my best patients who were out. Forced to pull up and cut it, lest get character for being fond of sport. Mem. Any surgeon who looks at a hound must, *ipso facto*, be a fool, and totally ignorant of his profession; *ergo*, if you like hunting and wish to thrive in your business, dress like a methodist parson, and never ride on horseback, lest the devil should tempt you, but be driven about from patient to patient in a shabby, jingling, four-wheel chaise, by a dirty little boy in a pair of stable overalls, and a blue coat with a little bit of lace on a seedy velvet collar, and half-buried in an enormous glazed leather hat, adorned by a particularly broad piece of what once was gold lace. This looks professional, and must increase your practice. It is to patients like honey to flies.—Reached home at last, very tired, and somewhat sleepy. Found four parish patients waiting with overseer's orders to attend their families some miles off, and whose doors I had not long ago passed. Sight of me had reminded them that they were very ill, and required physicking. Put various questions respecting symptoms of complaints, stroked chin, rubbed forehead, looked thoughtful and learned, and at last gave each applicant two purgative pills to take home, and promised to call on the following day.—Note from S—, asking me to dine with him *punctually* at five o'clock. White soup, turkey &c. Determined to forego lunch in consequence of promised feed. Visited patients in town, and endured without a yawn (*mirabile dictu*), the usual long-winded history of a host of extraordinary complaints and miraculous cures by certain nostrums, probably handed down from the practice of the great Machaon at the siege of Troy. Found Mrs. Skewer in very bad way, flaccidity of uterus—*stillicidium sanguinis*—not at all agreeable to lose woman after first labour. Such things will happen, nevertheless. Nothing like Stoicism. Called on the young Misses P—, and received sundry hints to ask them to sing. Knew if I did they would never stop, and thought of Horace's remark, "*Omnibus hoc vitium est cantoribus, &c.*" Finding me obstinately incomprehensible, volunteered a glee, if I would take a part. Vowed by all the saints I did not know A from G, and was taken all aback by hearing that I must be musical, as the Misses Sneerly had heard me that morning singing an extraordinarily difficult piece of music about a donkey in Nightingale lane. Felt that I required all the energies of my character to bear up against this unlooked-for *coup de malheur*, more especially when I was requested to favour them with *my favourite air*, if I would not sing any other. Assured the young ladies, with all the nonchalance of which I was master, that I had

not the most remote recollection of having sung anything in the aforesaid lane, and was proceeding to prove the impossibility of such an occurrence, when the door opened, and the Misses Sneerly entered. Thank God! never blush, so looked at watch, and pretending to be in a desperate hurry, effected my retreat.—Thought, upon reflection, that Maria Matilda had rather cocked nose at me when relating the account of my musical powers, derived from the no doubt flattering recital of my friends the old maids, and began to feel certain doubts of the angle at which she might usually carry her nasal organ after matrimony. Resolved, therefore, to look *very sharp indeed* before I venture to perpetrate that species of living suicide.—Visited poor-house, and prescribed for about forty patients. Complaints of diet as usual—cheese mouldy, and gruel musty. Quite hardened now to these things. Promised, nevertheless, to report to board. Took down Medical Case Book, determined to try and make some progress in account of medical treatment, &c., of in-door patients for Guardians, according to the wise regulations of the Somerset House Dons. Continued this very pleasing pastime for about ten minutes, and then, dead beat, fell fast asleep in my chair. Roused by shake from master of poor-house, who came to tell me that Sally Muggins was refractory and refused to take her medicine. Ordered her tea to be stopped until she had taken every drop of it. Looked at watch, and found it was ten minutes past five. Started up and made best of my way to S—'s, expecting I was just in time for dinner. No such luck. No one ever waits for a surgeon, as he may be engaged ten miles off. Soup disappeared, nothing left of turkey but one coldish leg. Had eaten a few mouthfuls when door-bell rang. "Oh! my prophetic soul!" "Dr. — here?" "Yes." "Wanted *directly*." Went myself to the door to learn which of my patients ill. "Mrs. Swill's child, Cat and Mousetrap public-house, taken very poorly indeed. *Must come directly*." Returned to table, and found all cleared away but cheese. Stopped to take one glass of port, and to hear account of run with hounds that morning, and then started, in no very pleasant mood, to walk a mile and a half to Cat and Mousetrap. Raining pretty sharply. "*Demitto auriculas ut iniqua mentis asellus.*" Found young Swill had cried himself asleep, and his mamma would not have the "dear innocent" disturbed, but promised to send again as soon as he should awake. Hoped devoutly he might never wake any more.—Got back to S—'s, wet and shivering, and found some cold coffee. Lighted Havannah to dispel care. Forced to play whist, *invita Minervá*. Shorts. Deadly sleepy—revoked several times, and lost considerably in consequence. Would not look at partner, but sneaked off to bed at two o'clock in the morning, heated, jaded, and stupid. Dropped asleep and dreamed that the Queen had been brought to bed of a son. Heard Tower and Park guns fired, and all the church bells rung. Woke, and found firing proceeded from knocker, and ringing from door-bell. Laid for some time cursing disturber of my peace, and resolved to let him knock till he was tired.—Four o'clock. Every one but myself asleep in the house. Destined never to sleep any more;

almost wished for everlasting rest. Knocking and ringing still continued—forced to get up. Crept down stairs, put on maid-servant's bonnet and shawl, opened window, and asked in squeaking voice, "Who's there?" "Missus Tibbs can't sleep a wink—made up mind to have out tooth—hopes as doctor 'll come quick." Answered, "Master's gone to a labour, but I dare say he won't be long. He'll come as soon as ever he gets back." Shut window; pains in joints; sneezed several times while getting to bed—in for heavy cold and rheumatism. Stuffed ears with cotton, that might not hear when called in the morning, being fully determined never to get up again, and at length fell asleep while debating within myself whether I should not renounce my profession, and turn "Agent for the sale of Morison's Pills." VINCE.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

PARACENTESIS ABDOMINIS; OPERATION.—INFLAMMATION OF BURSAE.—TENDINOUS SYSTEM.—GLANDULAR SYSTEM.—INFLAMMATION AND ABSCESS OF THE BREAST.—MALIGNANT DISEASES.—UNNATURAL GROWTHS.

THE operation of tapping the abdomen—*paracentesis abdominis*—becomes necessary in certain cases, in *ascites*, and in the disease called *ovarian dropsy*. I need hardly observe to you, that in whichever of these you have to perform this operation, it is very necessary that you should previously be satisfied of the nature of the case, and that you should be quite clear that the swelling really is produced by effusion of fluid either into the abdominal cavity, if it be a case of ascites, or into the cysts of the ovary if it be ovarian dropsy; for I apprehend you would not be very ambitious of performing an operation, which I have sometimes heard called *dry tapping*; that is, tapping the abdomen without finding any fluid. I have heard of more than one, two, or three cases of "dropsy," which have been brought to a very successful termination by the natural process of *parturition*—a mistake that has been made even by experienced persons; so long as it is really a mistake in point of *medical* treatment, that mistake would not be very serious; but when we come to the *surgical* process, that of thrusting a trocar into the abdomen, things would wear a very different aspect.—*Symptoms*: The presence of fluid in the abdomen is ascertained by the particular sensation which is communicated to the hand by the fluid within, when the belly is struck on the opposite side by the other hand. If you place one hand on the abdomen, and gently tap or flip the belly on the other side with the fingers of the other hand, you find a decided motion of the fluid against the opposite hand; a sudden stroke is communicated by the fluid, presenting an infallible indication of its existence within the cavity. If you do not perceive this particular sensation, you cannot be certain that fluid is there; or, rather, you may be sure it does not exist in that part which is subjected to the pressure of the hand. Now this sign is equally applicable to the case of fluid effused into the cavity of the abdomen, and to fluid contained in the cysts formed in the ovary. It is not enough for you to be satisfied with the presence of fluid in the abdomen, you must take care to be satisfied with regard to the particular spot in which you perform the operation; take care that the fluid extends to that particular spot, that there is as much fluid there as will enable you to plunge the trocar into the abdomen, without risk of wounding the contents.—*Operation*: The situation in which the operation should be performed is in the line above. You have merely to penetrate the integuments, the tendon formed by the aponeurosis of the abdominal muscles, and the serous membrane that lines it. There are no vessels to bleed of any consequence: the most convenient situation is in that part of the *linea alba* which is situated just below the navel; we may say generally, one or two inches below the umbilicus, or midway between the umbilicus and the pubis. The mode

of performing the operation is with an instrument which is called a *trocar*, from the French expression *un trois quart*; an instrument cylindrical in its shape, and brought to three sides, hence *trois quart*. It consists of the stylet, or cutting part, which makes the perforation, and the canula which fits over it, the two being quite distinct; so that when you have penetrated the integuments with the stylet, and carried the trocar into the abdomen, you can withdraw, and leave the canula in its situation for the passage of the fluid. This instrument, the stylet, consists of a cylindrical portion of steel ground to a sharp point, with three flat sides. This is the ordinary shape of the instrument. It is also ground to the form of a lancet, that is, to a flattened shape, and enters with a cut like that usually made by a lancet. This is found, however, to be more likely to divide bleeding vessels, and hence the old instrument, to which the name of *trocar* is generally given, is now generally employed. You introduce this instrument by holding it in the hand, and, putting the finger at the distance of about an inch from its extremity, you then carry it through the integuments—through the parietes of the abdomen as far as possible, draw the stylet back, and push the canula with the other hand into the abdomen, while you draw out the stylet with the hand by which it was introduced. It sometimes happens that when the fluid has, in a great measure, escaped, some portion of the loose contents of the cavity falls against the end of the canula, impedes the further evacuation, and causes a good deal of inconvenience in the operation, with a considerable loss of time. Under these circumstances, you must have an extra tube; which is not perforated at the extremity, but which has a blunt end like a female catheter, and is perforated at the sides; that tube projects beyond the end of the trocar, and fluid will escape through the perforations at its side, when the opening at the end would be filled up. It is well to be furnished with an instrument of this kind.—After allowing the whole of the fluid to escape through the canula, you apply the usual bandage to the abdomen; there is no harm, however, at all done, by leaving some portion of the fluid in the cavity of the abdomen; and when I say you should let the whole of the fluid escape, I mean that it is advisable you should do so for this reason, that if it has not all escaped after you have taken out the canula, it will continue to ooze out, and keep the patient in a very uncomfortable state. For the case of the patient, it is necessary that the cavity of the abdomen should be completely emptied of the fluid, before you remove the canula.—As the fluid issues out, and the pressure which has so long been kept up on the diaphragm becomes diminished, the patient often experiences considerable interruption in the act of respiration. There is a sudden and very considerable change in the mode in which this function is performed; thus a sensation of faintness is experienced, and the patient very quickly falls off as in a state of syncope. The risk of this occurrence would be diminished, if, while you draw off the water, pressure be made on the upper part of the abdomen to supply the place of the water which you are removing. For this purpose, it is desirable to apply above the opening which you make with the trocar, a sheet folded of a sufficient width to cover the abdomen from a little above the navel to the ensiform cartilage. Apply the middle of the sheet to that part of the abdomen, and let it be drawn behind by two assistants, sufficiently tight to afford comfort to the patient. If the abdomen have been completely emptied, you will place a small piece of sticking-plaster over the aperture made by the trocar, and then apply a broad roller of flannel round the abdomen with sufficient tightness to keep up the necessary pressure.—The mode of proceeding is exactly the same in ovarian dropsy, and the situation at which the tapping is performed is the same. Tapping however is but little applicable to cases of ovarian dropsy, except in the instance of a single cyst being filled. There are many cases in which ovarian dropsy consists principally of a solid fleshy growth; many in which there are a multiplicity of cysts filled with fluid, and each of very considerable magnitude. In the latter case the patient cannot derive any material alleviation of suffering from

the operation; but in the case either of a single cyst, or of a very large cyst, with slight effusion into some smaller cysts, there is a very near assimilation to ascites, and then you can tap in the same situation. It may possibly happen that the dropsy is so situated, as to render it necessary to perform the operation in some other situation than that part of the *linea alba* which I have pointed out. There can be no objection to making the perforation in any other situation, but you must select a part in which no very considerable artery will be wounded, though, in fact, I do not know any part liable to this, but the *rectus abdominis* muscle; in the lower part you may come upon a branch of the epigastric, and, in the upper, upon branches of the internal mammary. Except these situations, therefore, there is none in which you may not make the perforation.—The fluid which constitutes the swelling in ascites is generally of nearly an aqueous consistence, and therefore escapes very easily through the ordinary canula of a trocar. It is expedient, however, to use a pretty large instrument. It should not be smaller than the one I now show you, which is about the size of a large swan's quill; for the fluid takes a considerable time to flow out, even through a canula of this size. But, in ovarian dropsy, the fluid is often much thicker, it is viscid, sometimes ropy, a sort of mucilaginous fluid. In the thin fluids there are sometimes flakes, the substance of which is thicker, and there is often a considerable difficulty in drawing it away, the aid of the extra instrument which I have mentioned becoming still more necessary.

Under the head of *fibrous membranes*, I have nothing to say beyond making an allusion to the subject of *fibrous tumours* of the dura mater. In the fifth volume of the *Memoirs of the French Royal Academy of Surgeons*, there is an excellent memoir by M. Louis, which will illustrate the nature, progress, and consequence of this affection. I have nothing to say upon the subject but what you may yourselves read in books.—We find, as perhaps would hardly be expected, that when a fibrous tumour is developed on the surface of the dura mater, instead of pressing in and upon the brain, it makes its way outwards, perforates the skull, and produces a tumour of the scalp. Here is an example of the kind, and you observe the internal surface of the dura mater to be quite smooth. This is another example illustrating the tendency of these morbid growths when they occur on the outside of the dura mater. Here is a case of several growths of a medullary kind, situated in the external surface of a child's head, which is in consequence very irregular. Several of them derive their origin from the dura mater, and have thus perforated the skull. This is the opposite half of the skull-cap, taken from the head of the same patient, showing the manner in which the bones have been eaten through by the absorbents. The perforations are almost as circular and regular as if they had been made with the trephine; they show how completely the hard bony substance may be removed by the absorbents.

INFLAMMATION OF THE BURSAE.—The inflammation of the *bursae mucosae*, where they are so situated as to be exposed to external injury, is very similar in its nature to inflammation of the synovial membrane of the joints. It is attended with an increased effusion of the fluid, which it naturally secretes into the cavity of the inflamed bursa. We have frequent opportunities of observing this in the *bursa mucosa*, which is situated between the skin and the external surface of the patella; this bursa is much exposed to accidents, as it is also to another kind of injury, also of a mechanical nature; I mean to irritation produced by kneeling on the patella, as occurs to housemaids in their various domestic occupations.—Hence a swelling arises, sometimes of an active inflammatory kind, and sometimes of a more chronic description, familiarly known by the name of the *housemaid's knee*. Another pretty large *bursa mucosa* is situated between the integuments and surface of the olecranon, and this also is much exposed to external injury, although the consequent inflammation is not important; that is, it does not lead to any serious consequence.—*Treatment*: The inflammatory symptoms in these cases are often very severe, and the patient experiences

great pain. They require active antiphlogistic treatment, which becomes especially necessary where there has been considerable injury, such, for instance, as arises from a severe fall on the olecranon; for, in consequence of this bursa being immediately surrounded by the adipose and cellular membranes of the limb, when inflammation is excited in it, it is apt, if it be not checked, to excite inflammation of those membranes, giving rise to phlegmonous erysipelas of the whole limb.—When the inflammation of the bursæ has not been checked by active antiphlogistic treatment in its early stage, it proceeds to effusion, and we frequently find ourselves unable to relieve the patient without making an opening into the cavities of the bursæ. The sides of those cavities partake, in some measure, of a fibrous texture, so that if the inflammation have been active, and the fluid within the cavity be of a purulent character, escape is not easy, and the inflammatory symptoms run very high. Under these circumstances it is expedient to make a free opening into the bursæ, to allow the purulent fluid to be discharged; it is better, indeed, to make the opening of a very considerable size, and, in fact, in some instances, to slit open the bursæ their whole length.—After the bursa, particularly that which is situated over the patella, has been the seat of frequent inflammation, it sometimes becomes considerably thickened and enlarged; its sides are elevated, and it goes into a state in which antiphlogistic treatment has no longer any power over the complaint. In such cases of chronic enlargement, of thickening of the sides of the bursa many years old, it is sometimes necessary to dissect it away; to expose it by dividing the integuments, and to entirely remove it. There are some instances in which formations of matter have taken place, and sinuses have remained, where we can obliterate the cavity and get rid of the thickening by freely laying open the sinous opening; but in others it becomes necessary to dissect away the whole, and I have seen indurated masses, as thick and as large as half a fist, formed over both patellæ in cases of this kind.

TENDINOUS SYSTEM.—*Tendons* are also liable to accidents from injury, more particularly where they are large, as in the case of the tendo-achillis, which may be injured by over-exertion of the large muscles attached to it; in fact, it may be torn across, producing the case which is called *rupture of the tendo-achillis*. The nature of the accident may be rendered apparent by the fissure—the interruption of the continuity of the tendon—that is produced between the two extremities, and into which you can introduce one or two fingers.—The tendon when thus ruptured will grow together again. The limb must be kept at rest; it must be half bent, in order to relax the gastrocnemius, in which position the knee should be kept for about the same length of time that is necessary to produce the consolidation of a broken bone. This rest is not absolutely necessary, for there are instances of persons who have experienced the rupture of the tendo-achillis and who have not confined themselves at all; they have used a high-heeled shoe instead; but of course they would abstain from attempting to raise the foot; the muscles, indeed, could not perform their functions when the tendon was thus divided.

GLANDULAR SYSTEM.—I proceed next to speak of diseases of glandular organs, and I may, in the first place, treat of the diseases of the *female breast*, the diseases of the breast being principally seen in the female subject. It is true that males are also possessed of a breast, but in them it is not turned to any useful purpose, so it seems not to undergo any disease, which is but fair. One hardly knows whether the male breast is merely created for ornament, or whether it is formed to keep up the general similarity in point of form between the two sexes; it is, however, very rarely the subject of any kind of morbid affection.—In suckling women, inconvenience is very often experienced from a *sore state of the nipples*, which become excoriated, chapped, or ulcerated. Cases of this kind fall, perhaps, more under the care of accoucheurs than surgeons. I do not know, therefore, that I have much to say to you respecting the affection. It appears to me, that where unctuous substances, which we naturally

have recourse to, are applied, some very simple thing is the best; simple cerate, or a soft, mild ointment. But where the nipple has been very bad, I have in some cases found relief from touching the sore with nitrate of silver, which, indeed, has answered better than anything else. Let the nipple be dry, free from all moisture, and then apply the nitrate. Of course you do not suffer the child to be put to the breast again for four-and-twenty, or twelve hours, at the least. The application may be repeated once in two or three days.—The female breast, during the period of suckling, is often affected with *acute inflammation*, which proceeds to suppuration, to the formation of *phlegmonous abscess*. This, which is merely acute inflammation in the breast, is called, in consequence of the particular period at which it takes place, *milk abscess*, and when it breaks externally, the case, in common language, is termed a *broken breast*.—The phenomena of inflammation, when occurring in the breast, are so exactly similar to those which have been detailed under the general description of inflammation, that I need not repeat them; I would only say, respecting the *causes* of this affection, that they seem referable partly to the vascular activity of the breast, an activity which is attendant on the secretion of milk, partly to the mechanical irritation to which the breast is then liable, to sources of pressure, and, lastly, in suckling women, when the milk does not come freely, to attempts made by the mother or nurse to promote its flow. These causes, on many occasions, act with peculiar force, because the suckling woman is kept, from the warmth of her apartment and clothing, her stimulating diet, and so on, in a state which predisposes her to inflammation and consequent suppuration. I do not find that the nurses and attendants whom we usually meet in lying-in rooms, at all admire the antiphlogistic plan; they seem to me to think that a great quantity of good things should be taken; that the system should be “supported” with plenty of meat and drink; they are, accordingly, very apt to supply lying-in ladies with porter, wine, spirits, and the various other good things of this world, in which they themselves delight.—Thus it happens that a feverish state is produced, and we cannot wonder, therefore, that serious local inflammation should attack the breast, and go on as I have stated.—This active inflammation may affect either the whole or only a part of the breast. Sometimes it is situated near the external surface, and sometimes it occupies the centre of the gland, and sometimes even it seems to be situated on the surface which is towards the parietes of the chest.—*Treatment*: If we see a case of inflammation of the breast in its very early stage, where pain is experienced in the part, where there is a sensation of heat to the touch, and where the patient finds the breast hot, without its having become hard or undergone inflammatory induration, and without its being much swelled, and where the secretion of milk still subsists,—if, as I observed, we see the case when these symptoms are present, we may put a stop to the inflammation and prevent suppuration, by adopting an active antiphlogistic treatment, that is, by freely applying leeches to the breast, by using evaporating lotions, by purging, and also by preventing the child from being put to the breast. You certainly can do no good while you allow the suckling to go on, for that would be permitting a source of irritation which is calculated to continue and aggravate the inflammation. The removal of the child from the breast, therefore, is an essential part of the treatment, at whatever period that is undertaken. If the antiphlogistic treatment do not succeed in arresting and reducing the inflammation, it will at least diminish the extent of the suppuration; it will lessen the quantity of matter and the size of the abscess.—When matter has formed, it becomes a question whether it is better to allow its gradual approach to the surface or to attempt relief by an opening. I should observe, that when we perceive matter has formed, or is likely to form, the cold applications should be discontinued, and that the patient will derive more comfort from fomentations and a soft poultice. If the suppuration of the breast be partial, if it occupy a small portion of the gland, and if it be situated

near the external surface, I believe the best practice is to leave the case to its natural progress, to allow the matter to find its own way to the surface and be discharged by bursting; but if the whole gland be inflamed, if the matter occupy the centre, if we have reason to suppose it to be situated beneath the gland, or between the under surface of the gland and parietes of the chest, we can considerably accelerate the period of relief by making a free external opening; we can procure ease for the patient, we can liberate her from the very severe local suffering, and reduce the high degree of excitement which attends this affection 24 or 48 hours earlier than relief would occur by the natural process; and perhaps we can limit the extent of the mischief which will ensue, for the texture of the breast is so loose, there is such an abundance of cellular and adipose matter about it naturally, that a very considerable quantity of matter may collect before reaching the surface. It does not make its way externally so directly and rapidly as when formed in many other situations; still I think it will be of no advantage to make an opening if you have much thickness of parts to cut through. You would not think, even in such a case as I have mentioned, of making an opening unless the skin was becoming so thin that you could feel the matter pretty distinctly; but when that was the case you would make a tolerably free aperture, and allow the matter to escape.

CHRONIC INFLAMMATION OF THE BREAST.—The breast is liable to *chronic inflammation* and to *chronic abscess*, which may be of the scrofulous kind; that is, they may occur in individuals who present marks of a scrofulous constitution, and both the characters of the disease itself, and the nature of the pus that is formed, may be assimilated to those which we see in scrofulous abscesses situated elsewhere. The breast is not very liable to scrofulous inflammation, and cases of this kind, therefore, are not common.—In its *treatment* we should adopt such local means as are suited to the symptoms; mild antiphlogistic measures may be necessary; a few leeches, poultices, and so forth. We sometimes find in these cases, that after the matter has been discharged by an external aperture, the opening remains fistulous, while fresh formations of matter commence, make their way to the surface, and also end in fistulous openings. Thus several apertures may be formed on the surface of the breast, each leading to a fistulous aperture which runs through the substance of the organ. The general treatment, however, is of more consequence in these cases than the local, and where the affection is of a scrofulous kind, we should adopt those constitutional means of relief which I have already pointed out in speaking of scrofula. It will be found, in most instances of chronic disease in the breast, whether of a scrofulous or other description, that the functions of the uterus are not rightly carried on; for if, indeed, they be naturally performed, the breast will seldom become the subject of disease. There is a close connexion between the two; the breast is, in a great measure, subservient to the uterus, and we find that if the latter remain healthy the breast will generally be healthy also. We ought, therefore, carefully to inquire into the uterine condition, and adopt means for correcting that condition when it is unhealthy. Aloetic and chalybeate medicines are particularly proper in these cases.—In many instances the substance of the female breast undergoes a slow kind of induration and condensation, unconnected with any very essential change of structure. On feeling the part you find a species of lobulated tumour, which seems as if it were a part of the natural structure of the mammary gland, differing only in the circumstances of its being much firmer and harder. This change may affect either a part only, or it may the entire substance of the gland. We find it sometimes in both breasts at once. I have seen this affection produce retraction of the nipple to a considerable extent, an effect which, ordinarily, is considered to be characteristic of a scirrhus affection. It is not, however, to be regarded exclusively as an indication of scirrhus, for it may take place under the circumstances I am now describing.—This chronic condensation of the substance of the breast takes place more particularly in females who have

arrived at a certain age, and are single. It is observed to occur in unmarried women, perhaps from the age of twenty-five to forty years; it comes on slowly, and almost insensibly. Frequently when our opinion is asked respecting a case of this kind, we are informed, that the patient has known that the lump of which she speaks has existed for some years. I saw a case of this kind, where, on investigating the circumstances attending the affection, the lady informed me that she had been, in some degree, aware of the existence of the tumour for seven or eight years; and at the time I saw her, this kind of lobulated hardness occupied nearly the entire mammary gland on one side, and existed in one portion of the gland on the opposite side. In the gland which had first been the seat of disease, the integuments were drawn in at one point, as is observed in cancer, and there was a partial retraction of the nipple. In this case the exhibition of steel medicine, a good diet, attention to exercise, and so forth, which are the means best calculated to invigorate the system, and more especially to act on the uterus, brought the thing into a quiet state. They did not, however, remove the tumour, for the gland remains indurated as before. — The mammary gland is sometimes the seat of painful sensations without any visible alteration in the structure, an affection which probably may be called *neuralgia of the female breast*. Perhaps the gland may appear to be a little larger than natural, but there is no external redness, no hardness of the substance, and if we were merely to trust to the evidence of the touch, we should say that no disease existed; but the patient is sometimes subject to very severe pain, pain so severe, indeed, as to prevent her from making any exertions which affect the breast, or from using the arm on the affected side, and really altogether such as to affect the system very considerably. Like other neuralgic pains, these are not constant; they are experienced more particularly at certain times, and more severely previous to the monthly periods, while sometimes the patient is comparatively free from them. — *Treatment*: Now, it is more easy to say what will not do good in those cases, than to point out remedies that will remove the pains. This affection (which, by the way, Sir Astley Cooper has called the *irritable breast*) cannot be cured by antiphlogistic treatment. It is in vain to try leeches, to purge, and to use other means of a similar tendency,—they will not do. Perhaps the exhibition of steel medicines may do good, but there are instances in which they also fail. Then the narcotic plan has been tried, conium, hyoscyamus, and, more particularly, the belladonna plaster, on which some persons place considerable reliance in neuralgic affections, but from which I cannot say that I have ever seen any great benefit derived. Mr. Teale regards these neuralgic affections as depending on something wrong in the spinal chord; it may be as well, therefore, for you to direct your attention to this point in such cases as these.

MALIGNANT DISEASES.—The female breast is liable, as I have already said, to change of structure of a *malignant* character, to *cancer*, and to *fungus hæmatodes*; more particularly to the former, to which I have no occasion again to advert. I must observe, however, that the female breast is also liable to affections which are not malignant, but which resemble the malignant both in the change of structure, and in certain stages of their progress. In consequence of this resemblance, it becomes very important that you should pay close attention to the circumstances attending disease of this part, that you may be enabled to distinguish between those diseases which are, and those which are not, malignant, and that you may adopt the proper treatment in either case; for I need not observe, that the remedies are very opposite. It is important that you should not mistake between them, for the treatment is materially different. These cases are generally known to the family, too, and the consequence of any misapprehension as to the nature of the disease and the mode of cure, would be very prejudicial to the interests and character of the medical practitioner. I may also observe to you, that it is of very great importance to the patient, that right opinions should be formed. In some cases

an operation may be required, and not performed, or an operation may be performed unnecessarily.

UNNATURAL GROWTHS.—The breast is liable to enlargement from a kind of *simple growth*—simple vascular excitement—augmentation in bulk of the natural structure of the part, with more or less of condensation. Sometime ago I had occasion to remove a very large tumour of this kind from the breast of a female, in whom the growth was of about two years' standing, not more. She was a woman who had naturally very voluminous breasts, and in one of these immense masses (for they were quite immoderate in point of size), swelling took place towards the centre, not marked by any peculiar character. I saw the patient at the beginning, and recommended leeches and means of that kind. She lived in a remote part of England, and having attended her at the onset, and given her some general directions about it, I did not see her again for a long time. After the lapse of a year, or rather more, she came again to consult me, and she then had the most enormous tumour in the breast I almost ever saw; larger than my head. It was tolerably firm, and did not appear to the touch to contain any fluid. The skin was of course tense. The tumour itself was easily moveable on the side of the chest—a circumstance which, in the advanced stage, is important, as generally indicating the innocent nature of the affection, or at least as negating a supposition of the fungoid or cancerous nature of the swelling, which at the later period becomes fixed to the side. There was no pain in this case. The patient had been delivered of a child since the time at which I had seen her, and she had suckled the child with the diseased breast. This was now of so formidable an appearance in point of magnitude, that the practitioners under whose observation it came in the remote part of England in which she resided, represented to her very plainly, that it must be the end of her, that there was no cure for it. She did not much like the necessity of making up her mind to die from it, and she intimated, therefore, that she should like to come to town to consult me about it; the more so, as it happened that I had had a child of hers, I believe, under my care, with a double hair-lip, on which I operated, and which did remarkably well. They laughed heartily at the idea of her coming to town. They said she could not possibly undergo with safety the fatigue of the journey: she was much weakened, and had had leeches applied to the breast; and they said, that if she did at last make the journey, most likely the London surgeons would perform some desperate operation, under which she would die. However, she felt herself getting worse and worse, and she made up her mind, that if she died on the road she would attempt the journey; and accordingly the medical gentlemen in the country dismissed her with this consolatory remark, that she had better bespeak her coffin than go to London; that she had better die at home than go and perish under the knife in town. Well, she came, and certainly the tumour was larger than my head. Upon reviewing her state, however, I deemed her to be a person of good constitution, and of a favourable age (about thirty-six years); the swelling was quite moveable, and supplied with considerable vessels. Thinking the removal would not occupy a very long time, I suggested the propriety of excision, and she consented. Accordingly I did remove it, and the case did very well. Upon subsequently cutting through this breast, it seemed to consist merely of an immense enlargement of the natural structure, without the formation of any adventitious structure of any kind. So much of the natural structure remained, that on cutting through it, an immense quantity of milk and creamy fluid, many ounces in amount, flowed out from apparently enlarged lactiferous tubes. We could distinctly see those large lactiferous tubes divided. Such was the nature of this tumour.

HYDATIDS.—There is a simple vascular enlargement of the breast, which often proceeds to a very great magnitude, throughout which there are cells or cysts dispersed; this is called by Sir Astley Cooper, the *hydatid tumour* of the breast, a name which I do not think very well chosen; for, by *hydatid*, we generally mean a detached growth, which in many instances is clearly and decidedly

an animal; at all events it is a something contained in a cell not adherent. Now the cysts that are found in these breasts are merely excavations—cysts like those that are found in the ovary, and not detached bags. Moreover, the cysts do not seem to me to form the essential part of the disease, for they are trifling, few, small in amount, and contained in the general bulk of the swelling, which consists of a vascular enlargement of the breast. This is the kind of case called by Mr. Abernethy *cystic sarcoma*. You may have many such tumours existing together, or even a single cell or cyst may form in a mammary gland, of which there are instances. Here is an example of the kind; there is a simple cyst, a simple smooth bag, about the size of an egg. It may happen that some of those cysts may enlarge, come near to the surface, present a feeling of fluctuation, and induce you to puncture them, and then the clear watery fluid will point out what the nature of the affection is. There are instances of a simple cyst, where the fluid has been let out by a puncture, where some degree of inflammation has occurred, and where the cyst has been consolidated. But where the cyst is larger and seems to increase, we have no means of stopping its progress or removing the affection, except by the removal of the part. This, like the case I have just mentioned, is an *unadherent tumour*; it is loose, and lies upon the pectoral muscle. There is no affection of the gland in this case, and the health of the female does not suffer materially.

SMALL FLESHY TUMOURS.—The female breast is often the seat of small fleshy tumours, seldom exceeding the bulk of an egg, which are somewhat analogous in structure to that of the breast itself in which they form; but, in the proper sense of the term, they are new depositions, new growths, new tumours, generally of a firm feel, loose in their situation; that is, connected by loose cellular texture to the surrounding parts of the breast, and very commonly about the size of a hazel nut, at all events hardly ever going beyond the size of an egg. They are apt to be painful; they occasion uneasiness, and are tolerably firm to the feel. — *Treatment*: We have no means of lessening, or checking, the growth of these tumours, and I think it advisable, therefore, to remove them. It is only necessary, under such circumstances, to remove the growth itself; you do not want to remove any part of the gland. When you cut into them, you find that they are hard and lobulated on the external surface, and tolerably vascular.—Sir Astley Cooper mentions the formation of little hard knots in the breast, under the name of *irritable tumour* of the breast. I do not recollect having seen any case exactly corresponding to his description, which illustrates the kind of growth I have had occasion to mention under the head of *painful subcutaneous tumour*—a small painful tumour. If such a thing takes place in the breast, you must, of course, remove it.—Now these are the principal affections of the breast. I cannot pretend to say that they include all varieties of enlargement, of affections with which you may meet; for it is difficult to comprehend all sorts of growths of this kind under any description; indeed we cannot, by lectures or description of any kind, teach all that is to be known in medicine and surgery. We can only lay down such general principles as will enable you to apply your own observations. Certainly, in discriminating these affections, the most important thing is to decide between the malignant and the innocent, and, more especially, between that which is, and that which is not, cancerous. In this respect, one great point to assist you, is the age of the individual affected. Cancerous affections of the breast are very rarely found before the age of thirty. They do not usually commence before forty, nor often afterwards. Most of the various other affections, however, may occur previous to these periods of life. The looseness of the innocent tumours, their want of adherence to the skin, their non-adherence, or only loose connexion to the mammary gland, their non-adherence to the chest on which they are formed, their non-contamination of the glands of the axilla, and the absence of all material interference with the health of the patient,—these are circumstances that will enable you to form your judgment. I have some-

times heard the diseases of the breast and testicle dismissed in a very summary way, as thus:—"The disease is either innocent, or malignant; if it be malignant, you will do no good by operating; if innocent, it will get well without your doing anything to it." Now I cannot include all I have to say within that short statement. In the first place, I cannot say, that if the disease be malignant you will do no good by operating,—because, in the very early stage of the disease, I believe you may do good by it; you may either remove the disease entirely, or check its progress for many years; you may, therefore, do good in malignant cases. In the next place I cannot agree to say, that if it be innocent the disease will get well without anything being done; for there are many cases which will not get well, in which the tumour grows to a great bulk, is attended with great pain, and, at all events, is a source of great anxiety to the mind of the patient and her friends, who are particularly haunted with the fear of cancer, whenever any disease takes place in the breast. If, therefore, we can entirely remove the thing, we have at all events the advantage of setting the minds of the parties at rest—an object which it is no inconsiderable benefit to accomplish.

YOUNG SURGEON ON SHIPBOARD.—CHAP. VI.

By A. GRANT, Esq., M.R.C.S., &c.

I AM aware that in the East a prejudice exists against the use of emetics; I have, however, found them to act most beneficially; the symptoms were always relieved, and no disagreeable consequences ever followed to warrant such prejudices. I may observe that this was a more than usually healthy season at Calcutta; at Diamond Harbour, however, about eighteen miles lower down the river, I am aware of one ship, at least, on board which a very malignant fever prevailed; even after she had been months at sea cases continued to occur, and what is singular, the mortality was then greater than when she lay in the very centre of miasmatic exhalations.

I have now to speak of cases of general convulsions, in many respects similar to the one which occurred upon the outward bound passage. The following case will convey a good idea of the symptoms of this disease:—

August 27.—J. D., æt. 24, able body, last night become suddenly incoherent and fell down in violent convulsions. Every muscle in his body was most powerfully contracted, and six men could with difficulty hold him. The face was turgid, the teeth clenched, the breath held hard, and the chest expanded. Each fit lasted from thirty seconds to three minutes. At first they were very strong, and the interval between them short; gradually they became less and less violent, and the intermission longer, till at length, perfectly exhausted, he fell into a deep sleep. During the intermission he spoke sensibly, lamented the folly of his conduct, gave his real name, and the name and address of his parents in Liverpool, as he felt certain and desired that the next fit might kill him. He repeated the same frequently, and begged most piteously of us to inform his parents where he had died. Upon the ensuing day he had no remembrance of anything that passed, from the moment of being visited with the fit. This patient had returned in the forenoon from a two days' cruise on shore, and he blamed his having drunk too much arrack as the cause of his illness; he had also been exposed to the sun in a state of intoxication. In the other cases, which varied only in degree, one man was seized while working at the forge, without having the protection of an awning; a second had, some short time before the fit, eaten a quantity of unripe fruit; and a third, shortly after returning from leave on shore, complained of heaviness and disinclination for food; insensibility gradually came on, the breathing

was abdominal, with spasmodic twitches in the extremities, terminating in strong convulsions of the whole body, with almost complete apisthotonus.—In one of these cases, when the pulse was full and bounding, and the face much flushed, I opened a vein in the arm, but scarce four ounces of blood were removed before the patient called out from a sense of choking and sinking at the præcordia. These were symptoms which did not warrant the further abstraction of blood; the arm was immediately tied up, and the patient continuing to complain of these distressing sensations, was allowed a few spoonfuls of weak brandy-and-water, which speedily relieved him. The means which I have experienced to be most effectual are warm fomentations to the abdomen and to the lower extremities, cold applied to the forehead, which is to be kept elevated, and a powerful dose of tincture of opium, or solution of muriate of morphia, either with rectified æther or aromatic spirits of ammonia. I may here observe that these cases look very alarming; and are apt to startle the young practitioner: all the six recovered, and from this the danger would appear to be more apparent than real.

The bulk of the other diseases which occurred during these two months, consisted of cases of syphilis, gonorrhœa, and ulcers from musquito bites. We had in all, during the voyage, 11 cases of syphilis, and 9 of gonorrhœa. This is undoubtedly a moderate allowance, but it must be remembered that the men were only exposed to infection at one port, the political state of China not admitting of their visiting the shore. In the treatment of gonorrhœa I am wholly guided by the symptoms, the age, and constitution of the patient. I pursue no one plan; the days have, I hope, gone past when stimulating balsams and irritating injections are used, without regard to the pathology or the symptoms of the disease. If in its first stage and attended with much local inflammatory action and febrile excitement, in a robust subject it may be necessary to take blood from the arm; I have, however, generally found the emeto-cathartic mixture, and a low diet, succeed in allaying the vascular turgescence of the parts, and assured of this I then commenced the use of cubebs or copiaba. As far as my experience goes, gonorrhœa within the tropics is attended in its first stage with more inflammatory action than is in general met with in a temperate climate, and also that it more frequently ends in a scanty chronic discharge, which may stop for some time, and again break out without any evident cause. This discharge may continue for months, and medicines taken by the stomach exert but little influence over it. Injections of sulphate of zinc I have found useful, but I should recommend that the surgeon applies them himself, as from the careless manner in which the patient often uses them no benefit is derived. The diseased surface does not extend far beyond the orifice of the urethra; when, therefore, the injection is thrown in with force it cannot fail to irritate the healthy parts beyond the seat of the discharge, and thus to lay the foundation of stricture.—In almost every case chordee was a distressing symptom. The following draught, if it does not prevent the attack, never failed to mitigate the sufferings of the patient:—

R. Tinct. Hyosciam., gtt. xxx.

Tinct. Ipecacuan., ʒij.

Mist. Camphora, ʒij.

M. statim h. s. s.

The patient had always beside him plenty of thin cungee, and for the regulation of the bowels I prefer the compound julep powder, or calomel and jalap, to any form of saline purgatives, particularly in the latter stages of the disease.—In one very severe case of phymosis,

attended with profuse discharge from beneath prepuce, it was found necessary to divide it through its whole extent; the exposed gland was studded with small clusters of irritated warts, and this accounted for the little benefit derived from the previous use of various injections. After a very tedious and painful course of cutting and burning, the warts were destroyed, the incision in prepuce healed up, and the patient returned to his duty. Scarcely three weeks had elapsed before he again applied, and nearly in as bad a state as before. He was of very filthy habits, and had paid no attention to keep the parts clean, and he was so regardless of appearances, that without scruple he at once consented to have the glans again exposed by division of the prepuce. This was accordingly done, and the warts proved to be in as great numbers as before, with the addition of superficial ulcerations in the intervening spaces. Having frequently witnessed the inefficacy of the knife, the scissors, or caustic, in eradicating these excrescences, I have made use, at the recommendation of a now professional gentleman, of the Savine powder sprinkled upon them. In every instance in which I have tried it has proved eminently successful in two or three applications. It is attended with scarce any pain, and as yet I have not seen the disease return. I can, therefore, confidently recommend it as a specific in destroying these warts upon the prepuce or glans penis.

In one case of primary sores situated upon the corona glendis, simple dressings were alone used; they healed kindly up, and no secondary symptoms followed.—In another, where the chasm was very deep, and contained a thick slough, calomel sprinkled upon it in the first instance, and followed up by the use of the black wash, produced a healthy action in the sore; lastly, florid granulations spring up, and the case terminated favourably without the internal administration of mercury. In eight cases mercury was given until the breath became affected with the mercurial odour, and the gums were slightly tender; in no instance was it carried to the extent of salivation. Two of these cases was accompanied with bubo; rest in the recumbent posture, and the inunction of mercurial ointment, effected their dispersion; and I feel assured that this favourable result would be more frequently gained, were the affection of the glands always attended to in its very first stage.—The remaining case was of a very aggravated nature, and its history presents a complete picture of the various stages and degrees of syphilis, and the tedious process by which it succeeds in undermining even the strongest constitution. As the case possesses some interest, I shall go somewhat into its details.

(To be continued.)

MEDICAL MEETING.—At a numerous and highly respectable meeting of the medical practitioners of the four counties of Waterford, Wexford, Kilkenny, and South Tipperary, held at the Town Hall, in the city of Waterford, on the 12th inst., Resolutions were unanimously agreed to, deprecating several of the clauses introduced into the recent Vaccination Act, as being unsuited to the state of the medical profession, and to the medical charities of Ireland; also against the Tender system—against the insufficient remuneration of medical officers of workhouses—in favour of petitioning Parliament for Medical Reform. It was also agreed to constitute an Association, to be denominated the 'South Eastern Medical Association,' to have for its objects the advancement of the profession of medicine, both in its social and scientific relations, and the increasing the utility of its members to society.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Treatise on Inflammation. By James Macartney, M.D., F.R.S., &c. 4to. Pp. 214. Plates. Longman.

The Physiology of Blushing; illustrative of the Influence of Mental Emotion on the Circulation of the Blood. By T. H. Burgess, M.D. Pp. 202. Churchill. [The review in our next.]

The Practical, Therapeutical, and Statistical Report of Ten Years' Practice will be welcome.

VINDEX.—We hope he will write often.

A SUBSCRIBER.—We would give an opinion on the book with pleasure, but have not seen it. There are other works on *Materia Medica* less expensive, and by better men.

SIR ANTHONY CARLISLE'S successor in the Council will, as we stated before, most likely be Mr. Liston; his successor at the Board of Examiners Mr. Copland. Students therefore must be "well-up" in the rectum.—We spoke in our last of Sir Anthony's life, we shall speak of his writings in our next, when reviewing a work sent by him to us a few weeks since.

A CONSTANT READER, (Bradford, Yorkshire.) in reference to the question of the influence of tobacco-smoking in causing relaxation of the abdominal rings, observes, "Tobacco is well known to be one of our most powerful sedatives; but as usually employed in smoking, I think it will be allowed that no very extensive sedative effects follow its use; but, supposing it should so act, as that effect would fall upon the entire muscular system, we can not conclude that hernia would be likely to follow; if it does produce relaxation of the ring, as the whole system would be equally paralysed at the same time, of course no disproportioned stress could then be exerted upon the rings.—It might be a question whether the constipation produced in many persons by smoking, and the consequent violent efforts of straining to evacuate the bowels, might not sometimes induce the disease."

W. writes, "Perceiving how slowly Medical Reform is progressing, I beg to add another proof of its decided necessity. In Ancoats, where I at present reside, there are four cases of salivation arising from parties having purchased purging pills from a druggist's shop, and in two cases, two pills had only been taken before the mercurial effects were frightfully visible. I have also a case of gonorrhœa under my care at present, where mercury has been so far administered by the same unqualified pretender to the pestle and mortar, as to cause the man to become a burthen to his parish for support. Surely it is time something was done."

KING'S COLLEGE.—In answer to F.'s inquiry, "has King's College the power of granting degrees, or is it soon to be chartered?" We have to inform him that King's College possesses no such power, nor is ever likely to have it. It is only a college educating pupils for the University in the second-story next door—the London University, which has the power of granting degrees. King's College, and University College, Gower-street, are upon a par in this respect; they are merely large schools, the pupils of which are at liberty to go up to the London University, Somerset House, Strand, for examination for degrees in medicine and arts.

UNIVERSITY COLLEGE.—We have had several letters upon the subject of the emeute here, but not one containing a fair statement of the case. If such be sent, we will print it. In reference to the feeling which prompted the manifestation, it is sufficient to say that students never behaved so to Sir Astley Cooper—but then Sir Astley Cooper was a gentleman.

A STUDENT.—If Mr. Copland, who is a wealthy man, does not accept the Examinership at the College, the chances are that it will be given to Mr. Lawrence.

JASPER BUDDLE in our next, as also the continuation of Mr. Stevenson's paper.

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THE MEDICAL TIMES.

LEGISLATIVE REFORM OF BRITISH MEDICAL POLITY.

(CONTINUED.)

BRITISH.—NO. III.

IN the United Kingdoms the professional education of physicians, and the right of conferring diplomas upon that class, are limited exclusively to the Medical Faculties of the University Schools of Oxford, Cambridge, Dublin, Edinburgh, University of Glasgow, and Faculty of Physicians and Surgeons, Glasgow, Aberdeen, and St. Andrew's, subject, in London, as stated to the College of Physicians and London University. Surgical instruction is limited under certain conditions, peculiar to each corporation, to MEMBERS of the THREE CHARTERED COLLEGES of SURGEONS, in their respective kingdoms. Of these, the COLLEGE of SURGEONS of IRELAND only forms a school of surgical instruction. In England, there have been recently certain provincial and secondary schools in the great towns and cities, which take part in medical and surgical education.

FRANCE.—NO. III.

IN France the instruction of physicians and surgeons, and the privilege of conferring diplomas, is vested in the Medical Faculties of the THREE UNIVERSITIES of PARIS, MONTPELLIER, and STRASBOURG. Under certain regulations the privilege of instructing in physic and surgery, but not of conferring diplomas, is extended also to TWENTY-SIX SECONDARY SCHOOLS distributed through the principal provincial cities and great towns of France. A diploma granted by either of these three faculties, confers an equal right to practise in any and every part of France, without farther qualification, appeal, or restriction.

REMARKS.—NO. III.

We have to lament that the entire power and government of the COLLEGE of SURGEONS in LONDON is vested in a SELF-ELECTED, IRRE-

SPONSIBLE Council of TWENTY-ONE individuals only, to the exclusion of its whole COMMONALITY of many thousands of MEMBERS, (!) while in the SURGICAL COLLEGES of DUBLIN and EDINBURGH, it is vested in the whole body of the MEMBERS of the ONE, and FELLOWS of the OTHER!!! Thus there are three Colleges of Surgeons, all of which are differently constituted, and remarkable for want of UNIFORMITY and HARMONY of regulation. Is it not an outrage that the London College of Surgeons, which, for so many years, was governed by a few servile, and even, in some instances, imbecile HOSPITAL SURGEONS, should exclude its own members, appropriate its privileges and emoluments, and, until very lately, adhere obstinately to the mockery of a surgical education?—Common corporations were instituted to protect the rights and interests of large communities, to prevent the imposition of incompetent persons upon the public in the various trades and professions, and to relieve the higher courts of law, by a power to decide causes and questions of a petty and troublesome nature. In imitation of England, it has been proposed to substitute corporate bodies in France for the system of prefectures; but, let the French learn the working of these bodies, before they are misled by the plausibility of the theory. If we are to be decided by facts and experience, our former common, and our present learned corporations can be styled only so many formidable combinations of corruption, oppression, and gluttony, destructive to the advancement of knowledge, of moral principle, and liberal sentiments. We appeal to those who are acquainted with the fact, whether it was not notorious, that, during the days of the old close Corporation of Bath, up to 1833-4, that no physician or surgeon in Bath was ever able to acquire practice in that city, who was unconnected with its former SELF-ELECT corporation! Things at Liverpool were just as bad under the old despotic and corrupt corporation of the Liver-Puddleians. Dr. Hardy, who was a Fellow of the College of London, and other men of known talent, could have answered that question respecting Bath. We know that there was but one popular exception, which has conferred but little credit upon the common sense and discrimination of the inhabitants and visitors of that place. We mean the late Mr. Hicks's extraordinary position as a GREAT CURE-MONGER. Learned or literary corporations were designed to protect the RIGHTS and interests of the whole profession, and insure its respectability; but they have taken care of none but number one. They clearly show that MAN is in fault; that the FEW can never be trusted with power without injuring the MANY; that MAN is more capable of abusing power than using it. It has been very manifest, that the FEW, whether persons of the high, middle, or low class of people, have been actuated by loathsome selfishness and exclusiveness, for the gain of themselves, and the injury of the MANY. There needs no more to manifest how dire a curse ultra-aristocratic institutions may become, when they obtain power to suppress

the suggestions of reason, and the spirit of improvement, than to particularize the elements of that ancient system, which controls the profession of Medicine in Great Britain. We do not hesitate to say over and over again, that the legislation of close collegiate corporations in Great Britain and France, has consisted in inventing artificial distinctions between themselves and the members of universities, exacting money from the latter under the pretence of their possessing endowments and infallibilities of some superior nature, like the inspired men and prophets of yore—securing a metropolitan monopoly of hospital appointments, and private practice, and preventing consistently Reform in every shape, which militates against their own personal and private interests as a body or individually.

MR. HAWES'S MEDICAL REFORM BILL.

AT the council meeting of the North of England Medical Association, (Dr. HEADLAM, President, in the chair,) after the transaction of other business had been concluded, the Medical Profession Bill, to be introduced into the House of Commons by Benjamin Hawes, M.P., was taken into consideration, and it was resolved:—"That the Council have much pleasure in expressing their approbation of the principles which have been observed in the construction of this Bill. 1. Because the Bill proposes to institute a registry of all persons, who are, at this time, or may hereafter become, legally qualified to practise the art of Medicine. 2. Because it provides for the consolidation and organisation of the profession. 3. Because it proposes to confer upon ALL qualified practitioners of medicine, equal rights, immunities, and privileges. 4. Because it contemplates providing the United Kingdom with a duly certificated body of medical practitioners, by requiring all persons who shall be engaged in medical practice, to be licensed by one or other of the Councils. 5. Because it proposes to afford protection to the public against the dangerous practices of ignorant pretenders to medical knowledge, and to vindicate the rights and privileges of the qualified practitioner, by rendering it penal for any one to practise Medicine without the license of one or other of the aforesaid Councils. 6. Because it makes provision for insuring uniformity in the qualification of ALL medical practitioners, by obliging the Councils to examine all candidates for their license; and by the election of a SENATE, to which is to be intrusted the framing of by-laws for regulating, in all respects, the education of students, and the examination of candidates for diplomas of qualification to practise the art of Medicine; such persons only as shall comply with the by-laws of the Senate being admissible to examination for a diploma; which examination is, in every respect, to be conducted in the manner prescribed by such by-laws as aforesaid.* 7. Because it proposes to place the science and practice of Pharmacy under proper superintendence, by requiring all chemists and druggists to hold the license of one or other of the Councils; and by rendering it imperative on all

persons who shall not have carried on the business of a chemist or druggist prior to the passing of this Act, to undergo an examination in accordance with the by-laws of the Senate, before receiving the license of the Council. 8. Because it provides for the publication of a BRITISH Pharmacopœia.—The Council, in stating their general approbation of the principles embodied in the Bill of Mr. Hawes, and of some of the more important features of that measure, beg to be understood as not by any means giving their implicit and unconditional assent to the whole of the propositions therein contained. Some of them would undoubtedly require to be reconsidered, before bringing the Bill into Parliament; others to be amended, or perhaps entirely withdrawn; and, in some respects, the Bill is defective on the ground of omission. In the present position of medical affairs, and in the anticipation of a third Medical Bill, it would be eminently unwise and imprudent in this Association to pledge itself to the support of any particular measure; and the Council would strongly urge upon their brethren, in all parts of the kingdom, the expediency of withholding their positive adherence to any given plan of Medical Reform, until opportunity have been afforded the profession of ascertaining the number and nature of the Bills which are likely to be submitted to Parliament. The Council are furthermore of opinion, that a strenuous effort should be made to procure the introduction into the Legislature of ONE BILL, and of ONE ONLY. With this end in view, and in the hope of adapting such Bill, as far as possible, to the exigencies both of the public and of the profession, they give their cordial assent to the proposal of the British Medical Association, that delegates should be chosen by the different associations, to meet in London for the purpose of advancing the progress of Medical legislation in the next session of Parliament.—It was also resolved unanimously, "That this Council do authorize their Secretary to proceed to London, as a delegate from this association, appointed to co-operate with the representatives of other Medical Associations of the United Kingdom, in promoting the advancement of Medical Legislation."

WARRANT REGULATING THE APPOINTMENTS AND PAY OF ARMY MEDICAL OFFICERS.

VICTORIA R.

Whereas it has been represented unto us, that the rank of assistant inspector of hospitals can be dispensed with; and that with a view to extend the means of promotion in the medical department of our army, it is expedient to institute a second class of staff surgeons, who shall, in rank and pay, correspond and be on a footing with the regimental surgeons, and at the same time to improve the pay and advantages of the first or superior class of staff surgeons. We are therefore pleased to direct, that from and after the date of this our warrant, all former rules and orders respecting the titles, ranks, periods of service, and pay of the medical officers of our army shall cease and determine, and that this our warrant shall, from and after the 1st day of October, 1840, be considered the sole and standing authority upon this subject.—1. The medical officers of the army are in future to be distinguished by the following ranks and commissions, viz.:—Assistant surgeon, regimental surgeon, and staff surgeon, 2d class; staff surgeon, 1st class; deputy-inspector-general of hospitals; inspector-general of hospitals.—2. ASSISTANT SURGEON.—No medical candidate who has not passed his examinations at the Royal College of Surgeons of London, Edinburgh, or Dublin, shall be eligible for this commission, and the assistant-surgeon

must have served on full pay five years before he shall be eligible for promotion to the rank of regimental surgeon, or of staff surgeon of the second class.—3. Regimental surgeons and staff surgeons of the second class must have served ten years in the army on full pay before they shall be eligible for the next step of rank.—4. A staff surgeon of the 1st class must have served three years at home, or two years abroad, in this rank, before he shall be eligible for promotion. A deputy-inspector-general of hospitals must have served five years at home, or three years abroad, in this rank, before he shall be eligible for promotion to the highest rank of inspector-general.—6. The rates of daily pay for the before-mentioned ranks are to be in future regulated by the length of time which the officers of each class shall have served upon full pay according to the annexed scale; provided always, that when any officer is hereafter promoted, he shall commence upon the minimum pay of his new rank, notwithstanding his length of service, agreeably to the said scale, may give him a claim to a higher rate of pay, as before he shall be allowed such higher rate of pay he will be required to serve on each inferior rate of pay attached to his rank the following period—namely, one year, if he had been in the medical department antecedently to the 29th of July, 1830, and two years if he received his first medical commission subsequently to that date; but if the officer thus promoted had higher pay in his old rank than the minimum of his new rank, he shall commence upon the rate of pay which may be next above his former pay, and before he obtains any further increase shall serve the period above prescribed, viz.:—

RANKS.	Rates of Daily Pay subject to the above Provisions.			
	After 25 years' actual service.	After 20, but under 25, actual service.	After 10, but under 20, actual service.	Under 10 years' actual service.
Assistant Surgeon ..	£. s. d. 0 10 0	£. s. d. 0 10 0	£. s. d. 0 10 0	£. s. d. 0 7 6
Regimental Surgeon and Staff Surgeon, 2nd class.....	1 2 0	0 19 0	0 15 0	0 13 0
Staff Surgeon 1st class	1 4 0	1 2 0	0 19 0	—
Deputy Inspector-General of Hospitals	1 10 0	1 8 0	1 4 0	—
Inspector-General of Hospitals.....	2 0 0	1 18 0	1 16 0	—

7. In addition to the pay of their ranks, the officers at the head of the medical department on foreign stations shall receive allowances at the undermentioned rates when serving under the following circumstances, viz.:—

If with an army in the field of 10,000 men or upwards 20s. a day.
Ditto 5,000 ditto 15s.
Ditto any less number 10s.

If serving in a colony where the forces consist of 1,500 men, or upwards 5s.

Given at our Court, at Windsor, this 14th day of October, 1840, in the fourth year of our reign.

By Her Majesty's command,
T. B. MACAULAY.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, November 13th, 1840:—

William Fergusson, Professor of Surgery, King's College.
Frederick Knight Hunt.
Thomas Michael Costello.
Charles Henry Edgell Skinner.
Richard Clarke Burleigh.
William Fennelly.
Alexander Charles Macleod.
Edmund Alexander Parkes.
William Johnston Stuart.
William Fullford.
Alan Lamprel Johnson.
Samuel Fowler Underhay.

* The powers which, according to the 28th clause of this Bill, would be confided to the Councils and Senate, whilst they would obviously tend to secure professional competence, and uniformity in the qualification of medical practitioners in all parts of the United Kingdom irrespectively, would not deprive any existing University, College, or Hall, of the power to educate and to examine medical students; for by the concluding part of the clause, all candidates applying to be examined by the Councils, would be compelled to produce evidence of having taken a degree in Medicine, or having passed an examination in Medicine or Surgery, before one or other of the institutions entitled to grant a diploma, certificate, or letters-testimonial, at the time of the passing of this Act. No University, College, or Hall, would, however, (after the publication of the by-laws of the Senate,) have power to grant any diploma, certificate, or license, except under the provisions contained in this Act.

CLINICAL LECTURE ON STATES OF THE SYSTEM WHICH RENDER OPERATIONS DANGEROUS.

Delivered by SIR BENJAMIN BRODIE, in the Theatre of St. George's Hospital, November 11th, 1840.

It gives me great pleasure again to see around me my former pupils, some of whom have already obtained eminence in their profession; there are, too, before me many new faces, whom I can assure will obtain a like success by a diligent and persevering course of study. I propose, in these lectures, to pursue a plan which I marked out last year, viz., to bring before your notice those principles of surgery which are most difficult to be understood. To-day, I shall point out "the peculiar states of the system which render the performance of operations dangerous."—Every operation is an injury of a most severe kind done to the body, and consequently it is the duty of every surgeon to attend to any circumstance which might render that operation successful. Before using the knife, he must take into consideration whether the operation he is about to perform is to prolong life, or to remove that which is only an inconvenience to the patient; if the former, delay cannot perhaps be admitted of, but if the latter, it is his duty to look to the general health, lest any derangement of it might make the operation, however slight, one of danger. The patient, or the patient's friends, should have pointed out to them, that a certain risk from inflammation or some unknown cause is always attendant upon the removal of parts, the presence of which would not tend to shorten life. When a man has a good appetite but bad digestion, causing flatulence, night dreams of a frightful kind—his urine of an excessively high colour, transparent when excreted, and becoming opaque and depositing a deep red deposit at the bottom of the vessel—such a person is not in a fit state to bear any extensive injury, and therefore we ought to learn in every case whether these symptoms are present or not. Nevertheless, in cases of strangulated hernia and aneurisms which have burst or nearly so, these minute inquiries are not absolutely requisite. When there is a red deposit in the urine, consisting principally of the lithate of ammonia, inflammations of any part, for instance, in the knee, cannot be cured until the healthy habit of the body is restored. A sprained ankle, simple as in most instances it is, and easily to be cured by the application of leeches and lotions, may, in those whose functions are deranged, cause inflammation and gangrene of the leg. The removal of a small piece of bone from the tibia has from the same circumstances caused death. A lady whom I attended had ovarian dropsy, her breath became affected by the presence of the fluid, and she requested to be tapped; it was done, but from the circumstance of her digestive organs being out of order at the time, inflammation of the cyst supervened, and she died. Need I adduce more instances in proof of the necessity of attention being paid to the habit of the patient previously to being operated upon? When there is a large quantity of acid in the system, known by the urine reddening litmus, it is best to place the patient under a good and regular diet of meat and boiled vegetables; fruits, acids, sour wines, fermented liquors, should be avoided. Lithic acid existing in the fluids should be remedied by some alkali, neutralized by a vegetable acid, as lemon-juice. An alkali, thus neutralized, seems to have more power in rendering the urine less acid than an alkali uncombined with a vegetable acid; why it does so, I am at a loss to imagine. Sometimes I prescribe the bitartrate with the carbonate of potash, at other times soda or magnesia, as the case may be.

But I would caution you against the abuse of alkalis to remedy this acid condition of the water. This state seems to be similar with the gouty diathesis seen in patients of easy circumstances. When urine is alkaline, and the triple phosphate is deposited, not browning turmeric, but restoring the colour to reddened litmus, weak persons being most liable to this state, we must regard them as being unfit for operations. If danger does not press, defer the operation, and put him on generous diet, and give the mineral acids, opium, narcotics, and vegetable acids. There are patients who void urine loaded with albumen of high specific gravity, and in general acid; by boiling this becomes opaque, and more so by the addition of nitric acid. This condition depends upon some disease of kidneys being present. Sometimes flakes of pus are seen floating or subsiding in the urine, this arises either from an abscess existing in the kidneys, and discharging itself through the ureters, or from a diseased secretion of the mucous membrane. In cases where albuminous urine is formed, we in general find that the fibrous tunic of the kidney is easily separable, the cortical part too is soft and contains several specks of extravasation; again this albuminous state is caused by the presence of calculi or chronic inflammation of the mucous membrane of the bladder. Frequently I have traced organic disease of the kidneys with albuminous excretion to patients having taken over doses of cubeb pepper. Another form of disease which comes more under the care of physicians than surgeons, is where the urine is voided clear and looks healthy, but by boiling it becomes opaque; this form is more dangerous than the preceding, as it results not from organic disease, but from the whole system being loaded with this albumen, and relieving itself in part by the kidneys. Patients with albuminous urine resulting from either of these causes are always bad subjects for operation. No operation is more simple than the operation for piles; I have performed it three or four hundred times, and have lost only three patients. One of these cases was a gentleman of broken down constitution, who I at first refused to operate upon, but upon urgently renewing his request I did so, and he died from inflammation extending from the part. A second gentleman came from India in good health, but I did not before operation inquire into the state of the urine (as I was not then aware of the circumstance of diseased secretion affecting an operation), but afterwards the urine was found to be albuminous. He died, and the kidney was found to be disorganised, soft, spongy, with spots of ecchymosis and separation of capsule. The third case was a clergyman, who after operation was found to have albuminous urine; inflammation set up as in the former cases, and carried him off. In his bladder was found a fibrinous calculus, the only one I ever met with which shrunk when exposed to the air. Since these cases I have never failed to inquire into the state of the urine, and where albuminous urine existed I would not now operate unless very urgent symptoms existed. Dr. Prout has assigned more than ordinary reasons for patients labouring under sweet diabetes being always bad subjects for operation, independently of the danger of diabetes itself. Another class of patients in whom gangrene is likely to occur after injuries, are gin-drinkers, porter-drinkers, and those who have lead irregular lives; in these the slightest wound often terminates in mortification, diffuse cellular inflammation is set up around the part, the limb becomes œdematous, pulse small, countenance anxious, yellow, skin becomes black, and patient dies. Persons accustomed to live freely, whether amongst the higher or lower classes,

are frequently liable to inflammation from slight injuries. These bear operations badly. Formerly patients used, before and after an operation, to be bled, blistered, and put upon low diet to "prepare them," as it was said; but now it is found frequently necessary to give gin if the man has been a gin-drinker, or porter if a porter-drinker, in order to prevent the patients sinking for want of that stimulus to which they have been previously accustomed. I yesterday went to see a lady who after an operation was found to be a dram-drinker. The surgeon asked me if I would give her brandy, as she had been used to it? "Certainly," I replied, "but not in quite so large a quantity." I was called some time since to see a tradesman who had his arm swollen and gangrenous, pulse quick, countenance anxious, in fact he was dying, these symptoms being the result of a slight injury to the fore-arm: it was ascertained that this man used to drink excessively, and live most irregularly. Another case, I recollect, was a man used to a great deal of porter, who was stung by a bee on the cheek; gangrene supervened, and he died. In my next lecture, gentlemen, I shall continue this subject.

A. B.

THE NEW ANTIDOTE IN POISONING BY ARSENIC.

To the Editor of the 'Medical Times.'

SIR,—It is with pleasure I read in your Journal to-day, an account of another person being saved by the use of the peroxide of iron, and allow me to add my humble testimony and thorough conviction of its efficacy.—Having made a solution of arsenic and potash, and added a little ammonia, I tested a portion of it with a solution of the sulphate of copper, and procured the well-known precipitate called Scheele's Green, and on fusion again obtained the metallic arsenic; to a corresponding portion of the same solution of arsenic I added a little of the peroxide of iron, but on adding the solution of copper as before, no trace of arsenic could be seen, and instead of Scheele's Green there was that most beautiful of colours the purple of ammoniate of copper. On adding a solution of the nitrate of silver to another portion of the arsenical solution, the yellow arsenite of silver was thrown down, but having added a little of the peroxide of iron to another part of the same solution, and filtered, the solution remained perfectly colourless, and no trace of arsenic could be found: on testing with the sulphuretted hydrogen, the one gave the fine yellow orpiment, while the other remained perfectly colourless, and from the one the metallic arsenic was obtained, but in the other no trace of that poison could be seen; thus giving the same positive proof as the other tests, that the peroxide of iron renders the arsenic insoluble, and not to be acted upon by any ordinary test. That arsenic is inert and perfectly harmless when the peroxide of iron is given soon after, all may be satisfied from the following experiment:—To a small dog (weighing only three pounds) I gave six grains of arsenic in solution (enough to kill four such dogs), and soon after gave two meat spoonfuls of a thick mixture of peroxide of iron and water. The dog never vomited, and the dose appeared to make no more difference to him than the milk he took soon after; neither has it affected him since, though now nearly a week ago. The peroxide of iron I use is made by dissolving the sulphate of iron in about four times its weight of water, and adding about one-fifth of its weight of sulphuric acid, then boil and add nitric acid in small quantities till the red nitrous acid fumes no longer appear. I let this cool, and then bottle it ready for use, and at the

time of using add twenty or thirty times its weight of water, and precipitate the peroxide of iron by the addition of liquor ammonia in excess; I then wash the precipitate with large quantities of water till all smell of the ammonia is gone, and either decant, or, if in a hurry, press the precipitate in a common cloth.—The above formula differs very little from the one recommended by Mr. Newbury, and I perfectly agree with that gentleman in thinking the peroxide of iron "is so much the more certain in operation as its preparation is recent," and therefore have recommended it should be precipitated at the time of using.—I am, Sir, yours, &c.,

T. S. FLETCHER, Surgeon.

Bromsgrove, Nov. 2, 1840.

REVIEWS.

Traité Pratique d'Auscultation. Par Messrs. BARTH et ROGER. Price 4 fr. 10 sous. Paris: Baillière.

THIS admirable work, which contains a complete account of auscultation as practised up to the present time, should find its way into the library of every practitioner and every student. It not only contains ample information on one of the most important questions of medical science, but that information is compressed within the narrow compass of a pocket volume. The authors have both been known for some years past as professors of diagnostics, both were house-surgeons of the Paris hospitals, and Laureats of the Faculty of Medicine; and Dr. Barth, who was *chef de clinique* at the Hotel Dieu, has since been elected by public competition, an *agrégé* or fellow of the Faculty. We say thus much of the authors, because their extensive experience in some measure warrants the fact, that a work on auscultation from their hands is not a mere compilation, but one of close research, and this will be verified on perusal. The volume closes with a *résumé* of *stethoscopic signs*, which, within the compass of 34 pages 12mo., would form an admirable epitome for the waistcoat pocket of an hospital student. Although placed at the close of the volume, it forms the part which the tyro should first read and carefully digest by the bedside of the patient. We select at random a specimen of the *résumé*, under the title of

AUSCULTATION OF THE VOICE.

If we auscult the *larynx* of a man who is speaking, a strong sound traverses the stethoscope, and strikes the ear with force. The sound becomes gradually weaker as we carry the instrument downwards to the bronchiæ, and in the chest it sinks into a confused buzzing. The *natural echo of the voice*, which accurately represents all the varieties of the voice itself, is the more intense in proportion as the voice is stronger or more sonorous, or as the point of auscultation is nearer to the bronchiæ, and it varies according to the size of the chest, and greater or less tenuity of its osseous and muscular walls. Equal on both sides of the chest at corresponding points, the vocal echo is more marked towards the summit of the right lung, on account of the larger bulk of the right bronchia. In disease, the *vocal echo* is sometimes merely *exaggerated*, sometimes it undergoes peculiar modifications, and the voice becomes *bronchic*, *egophonic*, *cavernous*, or *amphoric*. The *exaggerated echo* or *light bronchophony* is characterized by a vocal sound somewhat stronger than the natural voice, and is one degree less than the *bronchic voice* or *true bronchophony*. These two degrees of sound are symptoms of different states of the same disease. The *bronchic voice* (*bronchophony*) is much stronger than the natural echo, and is remarkable for intensity, extent, fixedness, and permanence. It almost always coincides with *bronchic respiration*. The *bronchic voice* is heard in *dilatation of the bronchiæ* in *pleurisy*, and especially in *induration of the lungs* from

whatever cause; but on account of the rarity of dilatation of the bronchiæ, it is almost always a pulmonary induration which *bronchophony* announces, and pneumonia and tubercles are incomparably the most common of alterations of the lungs with increase of density. The conditions of the *bronchic sound* being better fulfilled in pneumonia than in tubercles, it is more marked in the former disease. It exists exceptionally in pleurisy, and often indicates that the pleuritic effusion is complicated with pneumonic or tuberculous induration. The *egophony* (*voix chevrotante*) is shrill, tremulous, and jerking. The patient sometimes speaks as with an ivory counter in his mouth (*voix de polichinelle*.) This sound is commonly heard on one side only in the lower half of the infra-spinal fossa, at which place it is always more marked. Its seat may change according to the position of the patient, and it generally coincides with weakness or absence of the respiratory murmur. The true *egophony* indicates an *effusion into the cavity of the pleura*. If it is perceived on one side only, with accompaniment of fever, there is pleurisy; if on both sides, without fever, and with general dropsy, there is hydrothorax. If it appears in the course of *phlegmasia of the pulmonary parenchyma*, and if displaced by the patient's change of position, it indicates *pleuropneumony*.

Cavernous Voice (*Pectoriloquy*).—The *cavernous voice* exists when in the auscultation of a man who is speaking, we find that the vocal vibrations are concentrated into a hollow space, whose walls reverberate the sounds more or less distinctly articulated. It is generally circumscribed at the upper part of the chest, and coincides either with the cavernous rattle, or with the cavernous respiration. The *cavernous voice*, like the cavernous breathing (*souffle caveux*), reveals the existence of a circumscribed *bronchic dilatation en ampoule*, or an *excavation either tuberculous, purulent, apoplectic, gangrenous, hydatidic*. From the rarity of *bronchic dilatations*, and *pulmonary excavations not dependent upon phthisis*, compared with the frequency of caverns in *phthisical subjects*, we may conclude that in nine cases out of ten, the cavernous voice announces tuberculous excavation.

Amphoric Voice.—This is characterized by a sound very similar to a hollow and metallic buzzing, produced by speaking in the neck of a stone pitcher, three-fourths emptied. It announces the same disease as the *amphoric respiration*, with which it commonly co-exists. On turning to the article *Amphoric Respiration* for the disease in which it is heard, we find the following:—"Well-marked *amphoric respiration almost infallibly indicates a pneumo-thorax with pulmonary fistula*, and a *pneumo-hydrothorax, if accompanied by metallic tinkling*. If *amphoric respiration* is not clearly marked, it may still announce the same affections, but it is also a sign of a vast cavern, which is almost always tuberculous.

Autophonic.—In cases where the voice of the patient is either extinct, or too feeble to reverberate from the chest, the practitioner may have recourse to *autophony*, or the use of his own voice against the chest of the patient.

The above extract is a very fair sample of the whole *résumé*, which is really a desideratum for the hospital student.

Pathological Researches on Phthisis. By E. CH. A. LOUIS. Translated by C. COWAN, M.D., &c. 8vo. Pp. 388.

Bedside Manual of Physical Diagnosis. By C. COWAN, M.D. Pp. 53. Sherwood.

THIS work by Louis is one of the most extraordinary that has ever appeared upon any medical subject, evincing the most acute observation, untiring industry, and careful deduction ever witnessed within the annals of our science. We have put off its review week after week with a view of presenting something like an analysis of its contents, but find this impossible, simply from the vast number of facts which it details. The principal part of the work, as the title implies, is taken up with the

pathology of tubercle, as it occurs in the different organs and structures of the body. On the pathology of the lungs Louis has done little more than detail the results of his own observations, which, however, are of the most valuable kind, as are those on the pathology of the bronchial mucous membrane, and the influence of its diseases in producing phthisis. The observations on the pathology of the larynx also are important additions to our knowledge of laryngeal phthisis. The comparative frequency of tubercles in different organs, and at different ages, are also points for which we are solely indebted to Louis, and he has made most important additions to our knowledge of the pathology of the alimentary organs. The value of the chapters on diagnosis, symptoms, and causes, can only be appreciated by careful study.—Dr. Cowan has filled the office of translator in an admirable manner, proving that he has not only felt the meaning, but imbibed the spirit of his author. His notes throughout are most judicious, and many practical men will consider his introduction, and the essay on treatment he has appended to the work, as the most useful part of the volume. On the whole, it is one of the very few works, the possession of which is absolutely necessary to the scientific practitioner. Were we to extract all that is good in the introduction we should transcribe the whole, but we must make room for Dr. C.'s account of Louis's mode of investigation, in the hope that the bright example so well set forth will not be without its influence on the rising generation of medical men in the country:—

LABOURS OF M. LOUIS.

M. Louis, from the age of 17 to 33, studied and practised medicine in Russia with considerable success. Gifted with a naturally active and inquiring mind, the multitude of opinions contrasted with the paucity of facts, could not fail to create great dissatisfaction and uncertainty as to the validity of many of the principles most generally admitted, and on which much of our practice was founded.—Accidental circumstances at the close of this period bringing him to Paris, he soon became acquainted with and eagerly studied the writings of the celebrated Broussais, at the same time assiduously following that distinguished pathologist, both in the hospital and lecture-room. The impression produced upon his mind by this direction of his studies, was, that while M. Broussais evidently proved others to be wrong, he was very far from demonstrating himself to be right; that while he rendered palpable the doubts which might reasonably be entertained respecting many of our present principles, he had failed to substitute anything more satisfactory in their place. From this moment M. L. resolved to devote himself *exclusively* to observation, solely actuated by a desire to relieve oppressive doubt and uncertainty, and with no intention of ever giving publicity to his labours. He at once decided on remaining at Paris, as affording the best opportunities for prosecuting his intentions, and entered the hospital of La Charité as a *clinical clerk*, under his friend Professor Chomel. For nearly seven years, including the flower of his bodily and mental powers, he consecrated the whole of his time and talents to *rigorous impartial observation*. All private practice was relinquished, and he allowed no considerations of personal emolument to interfere with the resolution he had formed. For some time his extreme minuteness of inquiry and accuracy of description, were the subjects of sneering and ridicule, and *cui bono* was not unfrequently and tauntingly asked. The absence of any immediate result seemed for a time to justify their contempt of a method, involving too much labour and personal sacrifice to be generally popular or easily imitated; and M. Louis himself, at moments, almost yielding to the increasing difficulties of the task he had undertaken. No sooner however were his facts sufficiently numerous to admit of numerical analysis, then all doubt and hesitation were dissipated, and the conviction, that the path he

was pursuing could alone conduct him to the discovery of truth, became the animating motive for future perseverance. Many of the results to which he arrived soon attracted general attention, and among those who had formerly derided his method while they admired his zeal, he found many to applaud and a few to imitate. From this moment may be dated the presence of that strong impression of the necessity of exact observation, by which the school of Paris has been since so distinguished, and which is now gradually pervading the medical institutions of the continent and our own country. * * * He regarded each individual example of disease, as a problem which could only be solved by patient and exact observation; with this conviction, he studied *all* the functions during life, from the commencement of the disease to its termination; for the same reason he examined *all* the organs after death; and when attempting to arrive at any general conclusion, he not only analysed the facts he had collected relative to that disease, but submitted them to a rigorous comparison with other diseases which were at all analogous. It is evidently one thing to determine the series of symptoms, or alterations of structure, which are present in any particular affection, and another to discover, what symptoms or alterations are special and characteristic: the one is obtained by confining ourselves to the disease itself; the other can only result from comparison. A very short time was sufficient to make the discovery that *observation* was immensely difficult, a fact which authors have hitherto overlooked, thus plainly proving that they themselves observed incompletely.

On the whole, we cannot recommend the work too strongly to our readers.—The Bed-side Manual is the best we are acquainted with on the subject.

Practical Remarks on the Discrimination and Appearances of Surgical Disease, &c.
By J. HOWSHIP, Surgeon to Charing Cross Hospital, &c. 8vo. Pp. 420. Churchill.

PERHAPS it will be best to allow Mr. Howship to explain his own intentions in the publication of this volume:—

The great object of the work is to assist the diligent student in the difficult and anxious duty of discriminating disease, and in forming a correct judgment on the changes induced, or, in other words, the appearances of disease, by the attendant symptoms. * * * It professes to regard only the discrimination and appearances of disease; objects, the pursuit of which has not, however, been permitted to exclude occasional and incidental comments on treatment, such comments being introduced whenever their importance appeared to warrant a deviation from the rule. The general plan has been, first to state the title of each complaint; then to draw a concise line of discrimination, noticing the appearances that occur; and lastly, adducing the practical illustrations.

These cases and illustrations are valuable, being the results of cases "attentively watched and noted in the course of the last thirty years." Fortunately for himself and his book, Mr. Howship has deserted his title—*Surgical disease*. Every one must recollect the old story of the stickler for professional distinctions, who, nervously anxious to restrict the physician and the surgeon to their supposed peculiar path of duty, suggested the erection of a wall of brass between surgery and physic, but was posed by the inquiry as to *which side the patients should be placed upon*. And so it is, and must be. *Practical surgery* is, no doubt, widely different from *theoretical medicine*; but to draw a direct line and say to a surgeon in his treatment of cases—*thus far shalt thou go, and no farther*—is absurd. Hence, we say, fortunately for Mr. Howship, he has not striven to find where the wall of brass should be placed, but in his selection of cases has taken those which were valuable, without a keen care whether they were "surgical" or "medical," and has, in all, given a faithful account of the

symptoms, and, where they ended in death, of the post-mortem appearances:—

To render the illustrations as useful as possible, they are not placed in subservience to any artificial abstract, or intricate system of arrangement. The commentary simply commences with the head, taking up the external parts first, and passing thence to internal affections; subsequently proceeds downwards to the neck, chest, and abdomen. One great care has been to advance nothing on doubtful authority, and to enable the reader in every instance to see on whose responsibility the statement rests. Also, whenever of two cases, parallel in symptoms, the one has ended favourably, the other not, the latter has generally been taken in preference, such case having most frequently afforded an opportunity for ascertaining the appearances after death.

The cases are arranged under a series of distinct heads, of which, perhaps, that upon 'Ramolissement of the Brain' is the one least recognised by practitioners in our own country. From this section we shall, upon another opportunity, make extracts.

A Practical Treatise on the Function and Diseases of the Unimpregnated Womb, &c.
Illustrated by Plates. By C. WALLER, M.D., &c. 8vo. Pp. 200. Churchill.

DR. WALLER declares his intention to be, "to present to the profession a condensed account of the more common diseases to which the uterine system is *obnoxious*."—The bulk of the volume has heretofore appeared before the profession in the shape of reports of Dr. Waller's lectures, and therefore requires no specification of its character, the additions being remarks on leucorrhœa. It is more particularly addressed to his pupils, and we think with the author that to them it may prove "serviceable and acceptable." By being reprinted the Lectures become more portable, and they are illustrated by some lithographs representing uterine affections, which, excepting Plate 3, are particularly good. The volume altogether is creditable to its author.

DISLOCATION OF THE LATISSIMUS DORSI.

THE accuracy of this designation is perhaps questionable, and future experience seems necessary to determine the question, whether the *latissimus dorsi* be alone in fault. It is stated in Mr. Symes's 'Principles of Surgery,' that "the portion of this muscle which lies over the inferior angle of the scapula and braces it to the chest, seems, especially in weak relaxed individuals, so loosely connected with the bone, that a very slight force would be sufficient to cause its displacement downwards;" and it is added, "such a dislocation does accordingly sometimes happen, but so seldom that few practitioners have an opportunity of seeing many instances of it." Though rare, it is, however, sufficiently troublesome; nor will the ordinary recommendation of "a bandage to press down the bone" in every instance succeed:—Mrs. S—, a married female, 26 years of age, in nursing her third child, then about six months old, experienced weakness and inability on the right side, especially when in bed, in lifting her young charge; there was little or no pain. On examination, the scapula of the affected side had the appearance as if the muscles connecting it with the dorsal part of the thorax had been torn from their attachments, so much so that the hand could without difficulty be introduced edgeways under it, to the extent of at least three and a half inches, and as may be easily supposed, the lower extremity of the scapula also projected much, particularly when the arm was raised or separated from the side. Having, previous to this period (1836), met with no description, in books, of this affection, posi-

tion and bandaging were had recourse to with the assistance of stays, without any benefit whatever; and the idea of the *latissimus dorsi* being alone concerned, did not, I confess, enter into my reasoning in treating this novel and troublesome affection. As the *whole* dorsal connexions of the scapula seemed to be concerned, and the woman, though otherwise healthy, being of a lax flabby habit of body, it occurred that the nearest substitute for this defect would be something that would operate in the manner of an *artificial fascia*; a powerful adhesive plaster spread on pretty strong leather was accordingly applied over the scapula and back, and in less than one month, with the aid of keeping the arm in a sling, the functions of the extremity were completely restored, there being now, after an interval of years, no vestige of the injury, as on examination of the parts no difference whatever can be discerned between this and the other side.—In the above, it is by no means intended to call in question the accuracy of the description in Mr. Symes's excellent work, as applied to accidents which have come under his own observation, and the case above briefly narrated may be an example of a complication in connexion with the other, and requiring a corresponding method of treatment. ROBERT ANNAN, M.R.C.S.

Kinross, Nov. 3, 1840.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who passed their examinations, and were admitted Licentiates on Thursday, November 5th, 1840:—

John Dixon Fidler, Whitehaven.
J. Deacon, Sheffield.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 7th November, 1840:—

Epidemic, endemic, and contagious diseases	213
Diseases of the brain, nerves, and senses	145
Diseases of the lungs, and other organs of respiration	319
Diseases of the heart and blood-vessels	24
Diseases of the stomach, liver, and other organs of digestion	53
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	20
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	2
Diseases of uncertain seat	92
Old age, or natural decay	74
Violent deaths	16
Causes not specified	8

Deaths from all causes

FOREIGN SOCIETIES.

MEETINGS AT THE FACULTY OF MEDICINE IN PARIS.

Poisoning with Arsenic and Antimony.—Two other crowded meetings were holden on the 1st and 2nd instant.—A dog was brought into the Theatre, whose œsophagus had been tied a week previously, during twenty-four hours. On the removal of the ligature, the dog ate and drank as if nothing had happened, and has continued in perfect health. This experiment was intended to show, that in poisoned dogs, the ligature of the œsophagus performed for the purpose of preventing the ejection of the poison from the stomach by vomiting, is perfectly innocuous, consequently has no share in producing death.—Two dogs poisoned the day previously to the meeting, by two grains of emetic tartar placed in the cellular membrane of the thigh, were brought in. One of them had recovered, in consequence of his having

urined freely under the use of warm water and nitre. The other left to itself died. A similar experiment was performed with two grains of arsenic, in the cellular membrane of the thighs of two other dogs. The one was cured by the diuretics, and the other died.—Two dogs were poisoned the day before with five grains of arsenic injected into the stomach. One in whom the œsophagus was tied to prevent vomiting, died in a few hours. The other, who vomited twenty-four minutes after taking the poison, is recovering.—The same experiment was repeated on two other dogs, in presence of the meeting at ten, the same result was verified before the meeting on the following day. One dog took a gramme (sixteen English grains) of arsenic. He vomited freely, and drank abundantly of warm water, and was cured. Those who do not vomit speedily, die, unless the arsenic be carried off by copious flow of urine, assisted in some cases by bleeding, but they rarely recover, unless vomiting precedes the diuretic treatment. Two dogs took ten grains—they were bled under a prediction that they would be cured on the following day. As these dogs vomited, and were subjected to diuretic treatment, the sole inference from this experiment is, that bleeding is not injurious. M. Orfila does not, however, recommend bleeding until after vomiting, lest it should accelerate absorption into the circulation. The sole object of bleeding is to take away poisoned blood; it is therefore useless before the poison is passed into the circulation, especially as inflammatory action does not take place before absorption. As the purity of the tests for detecting arsenic is of primary importance, how are we to ascertain the fact? Marsh's apparatus, which detects infinitely minute portions of arsenic in the human body, would surely detect the mineral in any test. If the apparatus, on being worked a quarter of an hour before the suspected matter is added, gives no arsenic, we may be assured that the zinc and sulphuric acid employed to make the hydrogen contain none of that mineral. The safest practice for the medical jurist is to have two hydrogen bottles set to work at the same time with the same materials, to one of which only the suspected matter is added. If the two apparatuses, after being fairly tried without the suspected matter, give no arsenic, and when the matter is added to one, the spots are produced by it, the apparatus must be considered above suspicion; but a caviller might still say, that the moment might not have previously arrived for giving out arsenic contained in the zinc. This difficulty can only be averted by suffering the apparatus that does not contain the suspected matter, to work the whole of the time with the other. Caustic potash, purified by alcohol, is employed to neutralise superabundant sulphuric acid, when the hydrogen is disengaged too rapidly. If its purity required any other test than the apparatus used as above, the sulphuric acid and the potash may be formed into a neutral salt, and both together may be previously tested, in order to prevent cavil. The nitric acid employed by M. Orfila to carbonize the animal matter of the organs desiccated by heat, is distilled from the nitrate of silver. If, therefore, we assume that arsenic may find its way into the impure nitrate, can the arsenic be distilled over with the acid? By no means; it would remain in form of a fixed salt—the arseniate of silver.—The nitrate of potash, employed in deflagrating the animal matter, when in consequence of long inhumation, the muscular fibres, or other parts, have been converted into adipocere, has been charged by ignorant men with being capable of producing the arsenical spots. This M. Orfila denies; but to set the question at rest, he performed the following experiments:—A pound of coarse saltpetre was put with $\frac{3}{4}$ of sulphuric acid in each of two porcelain capsules. The nitric acid being evaporated by heat over a charcoal fire, a bisulphate of potash remained. These two quantities in solution were placed in different apparatuses, without affording the slightest trace of arsenic. The fifth part of a grain of arsenic in solution was then added to one of the bottles, and the spots were immediately produced. All this would seem unnecessary, but in the case of Laffarge, a M. Raspail has indecently insinuated that

the arsenic produced by M. Orfila from the organs of the victim, might have proceeded from the tests; so that while popularity-hunting cavillers exist, it is well to be able to prove the purity of the tests, although no honest person would entertain a doubt on the subject.—Another cavil is, that putrefaction of the organs will generate arsenic; in consequence of which assertion, a member of the Academy, at the last meeting, addressed a note, requesting an experiment to be performed on a putrid liver. This was procured from the dissecting-room, where it had been laying twelve days, and in seven days more it had become completely putrified. It was carbonized in the usual way—boiled in distilled water, and the liquor put into Marsh's apparatus, but not an atom of arsenic could be detected; several white spots were deposited, which are mere animal matter. After the failure of the apparatus to produce arsenic, M. Orfila put into it a single drop of the mineral solution, which immediately produced the spots. M. Orfila here remarked, that at his previous meetings, he had neglected to show the sulphurous and phosphoric spots which come over with hydrogen, and which by inexperienced persons might be mistaken for arsenic, especially as the phosphoric are brilliant. The test for the phosphoric is tournsol-paper, which being moistened and applied to the spot, becomes red from the phosphoric acid. The arsenical spot is volatilized at the point of inflamed gas. It is soluble in nitric acid, and the compound evaporated by heat is convertible into red arseniate of silver by nitrate of silver. The compound spot of antimony and arsenic contains the two metals, which are equally soluble in nitric acid. The solution evaporated by heat consists of arsenic, acid soluble in water, and an antimonial salt insoluble in that liquid; so that the two products are easily separable by water. The salt in solution would be proved to be arsenic by nitrate of silver, which would precipitate arseniate of silver of a brick-dust colour, while the other part of antimonial would be dissolved by boiling chlorhydric acid, and precipitate Kernier mineral, by means of a current of sulphydric gas. The compound spots are produced when persons poisoned by arsenic have taken tartarized antimony as an emetic for the evacuation of arsenic from the stomach. Peroxide of iron and Colcothar are recommended by some persons as an antidote to arsenic, when taken in large doses, but as M. Orfila contends, without reason. Eight ounces of peroxide of iron were administered to a man who had taken arsenic in powder, and is reported to have cured the patient; but the man had repeatedly vomited, and the vomitings continued even after the administration of the iron, by which the poison would be evacuated from the stomach, so that we have no clear proof of the cure having resulted from the iron.* There is, however, a fact to be noticed on this head, that peroxide of iron frequently contains arsenic, which, although insoluble in distilled water, is absorbed into the circulation, and has been found in the urine of animals who have taken it. M. Orfila administered $\frac{3}{4}$ of Colcothar to each of three dogs whose œsophagi were tied to prevent vomiting. The dogs were killed after 36, 50, and 60 hours respectively. The urine of the one killed after 50 hours contained arsenic. The intestinal and gastric liquids of all three separated from the Colcothar, gave out the arsenical spots, which indicates, that although the arseniate of iron contained in the peroxide or Colcothar is insoluble in water, yet it is soluble in the acid secretions of the digestive tube.—The only mode of extracting the arsenic from the iron, tried by M. Orfila, has been by boiling in sulphuric acid for five hours, but all attempts to extract it boiling in water have failed. Neither is arsenic constant in iron, and M. Orfila suspects that the variety of result arises from the different sources of the iron. That, for instance, which is made from pyrites would probably always contain arsenic. In making the experiments with iron, it will be remembered that grey, blueish, brown, brilliant, and *miroitant* spots deposited by the inflamed hydrogen, are nothing but iron. They may be distinguished from arsenic by the volatility of the arsenic at the point of inflamed pure hydrogen, and

the iron spots are soluble in chlorhydric acid. The flame of the hydrogen for depositing arsenic from the iron should be strong, and at least from five to seven millimetres in diameter.—M. Orfila refrains at present from giving his reasons for affirming that the arsenical spot from iron taken into the stomach as an antidote, which was done in Laffarge's case, cannot be mistaken for that produced by arsenic administered medicinally or as a poison. His reason for this reserve is, that the condemnation of Madame Laffarge is the subject of appeal to the Court of Cassation, and he is unwilling to deprive her medical supporters of any doubt that may be raised, in order to induce a revision of the trial. When the Court of Cassation has pronounced upon the appeal, M. Orfila will enter into the necessary explanations on the subject.—Amidst the difficulties which have been raised on this question, for the obvious purpose of impeding the course of justice, is the gratuitous supposition that a dead body may imbibe arsenic from the arsenical soil of some burial-grounds; but to say nothing of the fact that bodies in coffins are not in contact with the ground, it is sufficient to show the ignorance of the cavillers, to demonstrate that where arsenic exists in burial-grounds it is in the form of an *insoluble* arseniate of lime, and of course there could be no imbibition without solubility. In fact, if it could be imbibed at the surface, how would it get into the brain and other organs, and urine? This part of the question, however, will be better examined when we enter upon the question of imbibition, at present we shall only notice the chemical facts.—The cemetery of Mont Parnasse contains arseniate of lime. Seven pounds weight of the soil were made the subject of experiment. Part was moistened with water, and digested in sulphuric acid for twenty-four hours, then boiled for six hours, by which the arseniate of lime was decomposed, and the arsenical spots were produced by the apparatus. A part treated by long boiling in water gave no arsenic; it is therefore obvious that a dead body buried in the arsenical soil could not imbibe the arsenic. In order, however, to make a direct experiment for the purpose of deciding the question, a body, buried without coffin in the arsenical soil of Bicetre, was disinterred after having been long under ground, yet not a trace of arsenic was detected.—In the Department de la Somme, where immense quantities of a mixture of arsenic, alum, and lime, are sown with corn for the destruction of field-rats, M. Orfila has never been able to find a trace of arsenic. What has become of it? If combined with the lime it would be found as arseniate of lime, decomposable by boiling in sulphuric acid. Has it formed a new soluble compound with the ammonia extricated from manure, so as to be washed into the bowels of the earth by rain?—for, by a similar process, the extrication of ammonia in the putrid body of a man poisoned by arsenic, the mineral would, after a certain lapse of time, disappear from the organs. M. Orfila fixes the period of that contingency at about eighteen months.

(To be continued.)

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* This case is reported in Number 58, (October 31,) p. 57.

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MEDICAL PORTRAITS.

EDWARD STANLEY, ESQ.

"Who is that little man hurrying across the square at such a pace," said a friend of ours, as we were standing under the clock in the square of St. Bartholomew's; "why, he swings his arms as if his very existence depended upon the vigour of their movements."—"That is Mr. Stanley," was our reply, "and as I suppose he will be going round now, we may as well follow, and see what is in the wind." Mr. Stanley entered the first ward, and was greeted by respectful salutations from a knot of gentlemen who had been warming their glutæi, and discussing politics and the merits of the several surgeons, before the fire for the last half-hour, to the great disgust of the nurses, and annoyance of the patients.—"Well, Squire, anything in," said Mr. S., addressing his house-surgeon, who came forward.—"Nothing to speak of, sir; merely two simple fractures of the femur and a bad burn."—"This has been but a poor week, Mr. B—," continued the surgeon.—"How is that compound fracture going on? Well, ma'am, how are you to-day?" addressing the patient in question; "Come, jump up, and let's see the wound.—Here! Keeling! bring the big probe!"—(This probe, by-the-bye, is a crotchet of Mr. Stanley's, and is something under a yard in length.)—"If you please, sir," replied the box-carrier, giving his love-lock a twitch, "Fergusson has it. I thought"—"You thought, sir! what business had you to think anything about it! How is it Keeling has'nt it, Mr. B—?" said the little man, turning to the house-surgeon in high dudgeon; "this won't do, you know; matters can't go on like this, squire; I *must* have the things in readiness—go and fetch it directly, sir!" (to the delinquent,) "and meanwhile we'll see Mrs. Fogg. Well, Mrs. Fogg, how do you find yourself to-day, ma'am?" said Mr. S., walking up to the bed; "eh! how d'ye do? put out your tongue.—*This, gentlemen,*" continued he, turning to the students, "is a *well*-marked case of erysipelatous inflammation; observe the *foul-loaded* condition of the tongue, and the *bounding* pulse. What is she taking, sister?"—"You ordered her saline and antimony, and sulphate of magnesia in menthæ viridis," observed the house-surgeon.—"Mr. H—! here!" called Mr. Stanley to one of the genus whom Jasper Buddle, in his clever and amusing 'Confessions,' has denominated "Potterers," of whom there are always several specimens in Mr. S.'s train—"a good case this—the symptoms *well* marked, you see—*active* antiphlogistic treatment required, hey?"—As our time is short, and as Mr. Stanley will probably be half-an-hour in this ward—for he is an awful time in going round—we must leave him there, and as we cross the square, endeavour to sketch him.—He cannot with propriety be called a *handsome*

man, nor is his appearance altogether unprepossessing. He is short and slender, and his features are large, especially his under lip; he is getting rather bald, and wears his hair cut short. There is a degree of off-hand frankness in his manner which is pleasing, and he is a deserved favourite with the class.—With his origin we have nothing to do; whatever it was, it redounds to his credit that he should hold his present distinguished position in the profession. Without much original genius, he has always been a most pains-taking industrious man, and his works and lectures are characterised by sound practical information. He received his education at Merchant Tailors' School, and after he had entered the profession, his application to anatomy attracted the notice of John Abernethy, who proved an excellent friend to him: fortune has been very liberal to him on several occasions. His election to the office of assistant-surgeon to the hospital was unopposed—(Mr. S. Cooper, who would have taken the field as an antagonist, being abroad with the army at the time.) His appointment to the demonstratorship was a fortunate hit for him; and still more recently he has succeeded to considerable property in consequence of the death of his relative, the late distinguished Thomas Blizard. Still he has earned all he has got, and we wish him health and years to enjoy the "otium cum dignitate," not that we think that he can ever be happy unless actively engaged in professional pursuits—his heart and soul are in them—the hospital is almost necessary to his existence—there he lives, elsewhere he vegetates. As an anatomical lecturer he ranks high, his lectures being carefully prepared, the subject well elucidated, and thoroughly beaten into the most obtuse understandings by frequent and elaborate recapitulations. His "crack" lectures are those on the anatomy of hernia, but we think his favourite subjects are the knee-joint, and the demonstration of the gluteal artery. In the former one he never fails to introduce the quotation from Shakspeare,

"And crook the pregnant hinges of the knee;"

in the latter, what Bartholomew man does not recollect the glee with which he relates John Bell's story of the leech-catcher and his gluteal aneurism?—how "clot after clot *rolled* out, till at length a *tremendous* gush of blood deluged all around!—how *forty* hands were instantly plunged into the wound, and how Mr. Bell seized a knife and enlarged it to the extent of three feet!" As an operator, Mr. Stanley is cool, steady, and almost *too* deliberate, bestowing unnecessary pains upon the "fancy work," regardless of the prolonged sufferings of the patient in consequence.—In conclusion we may remark, that he succeeded to the Surgeoncy of the Hospital on the demise of the late lamented Mr. Earle—that he is a Member of the Council of the Royal College of Surgeons, and an Examiner of the Veterinary College.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE TESTIS—VARICOCELE—HYDROCELE—HEMATOCELE.—FUNGOID PROTRUSION OF THE TESTIS.—SARCOCELE.—CYSTIC SARCOMA.—CANCER.—LIVER; INFLAMMATION AND ABSCESS.—THYROID GLAND.—BRONCHOCELE, AND TREATMENT.

THE veins of the testicle, which constitute a considerable portion of the spermatic chord, are liable to enlargement, and give rise to the affection technically termed *varicocele*, which is, indeed, a varicose enlargement of the veins, exactly similar in its nature to that of the veins in the leg. It produces a soft and compressible tumour, rather irregular on its surface, in which we can feel very distinctly the congeries of vessels that make up the swelling.—This tumour is larger in the erect position of the body, when the varicose vessels are distended; it diminishes in the horizontal position when the blood returns from them. It is larger below in the neighbourhood of the testicle, and smaller above towards the external abdominal ring. Although, on the one hand, it resembles a hernia in the circumstance of its being larger in the erect, and less in the recumbent posture; it is unlike it, on the other, as regards its becoming large by holding the breath and by coughing, nor is any impulse felt in it communicated by coughing. In the commencement of this affection the patient generally experiences pain in the chord, and a dull heavy pain in the testicle. After they have lasted some time, these uneasy sensations go off, and the patient no longer experiences much inconvenience, but the enlargement of the veins still continues.—Occasionally this varicose enlargement is accompanied with a diminution in the size of the testicle itself. The gland shrinks; it appears to diminish in all its dimensions—it passes into a state of atrophy.—*Treatment*: While this affection is in its painful stage, it may be expedient to apply leeches to the spermatic chord, or to the testicle itself, to keep the patient in the recumbent posture, and to adopt other means that are calculated to reduce this symptom. Generally speaking, all that is necessary in a case of varicocele, is to suspend the testicle in a bag, so as to favour the return of the blood from the part. This removes the inconvenience which attends the complaint in its chronic stage, but it does not remove the complaint itself; which is, in fact, incurable. The veins continue permanently distended, and if the patient experience no pain, the affection is of no consequence.—The testicle and the spermatic chord are liable to swelling and watery effusion, and these constitute the case termed *hydrocele*. The termination of the word, *cele*,—a syllable which we meet with in many of the names that are given to affections about this part in particular, is derived from the Greek, and means, simply, a tumour: varicocele means, a tumour produced by a varicose state of the vessels; hydrocele, a tumour produced by a watery enlargement.—The complaint which we call hydrocele may either be situated in the testicle itself, or in the spermatic chord;—*hydrocele of the tunica vaginalis testis, and hydrocele of the spermatic chord*. The former is by far the most frequent; and when we speak of hydrocele simply, we usually refer to the affection as situated in the testis. Hydrocele of the tunica vaginalis is, in fact, dropsy of that serous membrane; it is an affection bearing exactly the same relation to the tunica vaginalis, that ascites or hydrothorax bears to the serous membrane of the abdomen or the thorax. It consists in a preternatural secretion of a clear transparent straw-coloured fluid into the cavity of the tunica vaginalis. The fluid that constitutes the tumour sur-

rounds the testicle, or at least is in contact with its anterior and lateral surface. It commences at the lower part of the scrotum, and gradually ascends towards the abdominal ring, but it terminates generally a little above the testicle; that is, it terminates where the tunica vaginalis ends.—This serous tunic ascends only a little way above the upper part of the testicle, and the same distance limits the swelling in hydrocele. If, however, the hydrocele be of long standing, the tunica vaginalis gradually ascends in front of the spermatic chord, becomes elongated in the direction upwards, and may be so much distended in this direction as to reach the opening into the abdominal muscles; it may pass upwards as far as the abdominal ring; indeed it may even go beyond this, for the swelling in some cases continues along the spermatic chord into the abdominal canal. Generally speaking, we may say, the distinction between hernia and hydrocele is, that in the latter complaint the swelling terminates a little above the testicle, so that you can feel the spermatic chord free. But in the older cases you have not this distinction to judge by, and you must then form your diagnosis from other circumstances. The swelling of hydrocele is generally pyriform, with the broader part downwards, and the narrower upwards. The tumour is uniform on its surface, and is usually somewhat soft to the feel; in fact, as the tumour contains water, you would naturally expect it to be compressible, and convey a sense of fluctuation to the fingers. Sometimes the tunica vaginalis is so relaxed that the tumour is quite soft; and on pressing the swelling you can discern the outline of the testicle within the fluid. Generally speaking, however, the tunica vaginalis is sufficiently tense to prevent you from feeling the testicle, so that one of the symptoms of this affection is, that the testicle cannot be felt. Sometimes the tunica vaginalis being rather strong becomes very tense from this secretion of fluid; and the tumour has the firmness which you would be disposed to say indicated solid contents. It is occasionally so tense, that by the mere feel you could not distinguish it from a solid swelling. The fluid ordinarily is transparent, and of a light lemon or straw colour, so that the light will partially pass through it. Hence, in a doubtful case, examination with a lighted candle placed on one side of the tumour will enable you to discover a degree of transparency in it. In order to render this more effectual, you should darken the room by closing the shutters, and then, grasping the affected testicle in the left hand and placing the other over the anterior part of the swelling, let the candle be so held on one side of it, that on looking at the other, you can see if any of the light from the candle be transmitted through the tumour. This will help you in some cases to distinguish the nature of the swelling where it is doubtful; and although you may have sufficient confidence in your diagnosis to think it unnecessary to resort to this trial, yet there are cases in which we are glad to avail ourselves of all the means within our reach. You are not to consider this transparency as *essential* to hydrocele. It may happen that the tunica vaginalis is so extremely thick as to be opaque. There are instances in which the contained fluid is not transparent. I had under my care a gentleman who had been for a long time in the West Indies, and who returned to England with a hydrocele on each side. These required the operation, which I performed. On the one side, the fluid of the tunica vaginalis was of the ordinary colour and appearance of hydrocele fluid, but on tapping the tunica vaginalis on the other side, the fluid proved to be of a milky whiteness, and, of course, quite opaque. I do not know exactly what were the circumstances that produced the colour; I placed the fluid in the hands of an eminent chemist, whom I have not since happened to see.—The *causes* of hydrocele are obscure. In general the fluid forms without any apparent cause, gradually increases, and if left to itself, produces probably a very considerable swelling. In some instances the fluid of hydrocele is deposited in the tunica vaginalis under circumstances which indicate the existence of inflammation—enlargement produced by inflammatory action in the testicle. Under these circumstances there may be a deposition of fluid into the tunica

vaginalis, and this case, which combines enlarged tunica vaginalis and disease of the testicle, and in which the fluid has been deposited under active inflammation, is technically called *hydrosarcocele*. But, in the great majority of cases on which you will have to operate, the deposition takes place without the existence of any symptom indicating inflammation in the membrane that produces it.—The *treatment* of hydrocele is either palliative or radical. The palliative treatment consists in puncturing the tumour with a small trocar, and letting out the fluid, by which you get rid of the swelling, and free the patient from the incumbrance which the tumour produces. The fluid again slowly accumulates, and the operation must again, of course, be repeated. The effect of it, therefore, is merely a removal for a time of the inconvenience produced by the enlargement of the scrotum. In the radical cure of hydrocele various proceedings have been employed, in order to produce inflammation in the surface of the tunica vaginalis, and thus either to obliterate the serous membrane altogether, or put a stop to the unnatural secretion from it. Various means have been employed for this purpose. One mode of proceeding has been termed the operation by *incision*. It consists in making an opening into the tunica vaginalis, and removing a small portion of it, or introducing some foreign substance between the margins of the incision, and then leaving the part to itself; the consequence of this is, considerable inflammation and adhesion of the tunica vaginalis to the testicle. Another mode of proceeding is by *seton*, in which a seton is carried from one end of the tunica vaginalis to the other; that is, the seton introduced at the upper end of the tunica vaginalis, is carried through it to the lower end, so as to pass for two or three inches through the cavity of that membrane. A third mode is by *caustic*. A portion of caustic is applied to the scrotum externally, and when the slough has come away, a puncture is made into the tunica vaginalis; a piece of bougie, or some foreign substance of that kind, is then introduced, and inflammation of the membrane is thus excited. Another method is, after letting out the fluid of the hydrocele in the same manner as in the palliative cure, with a small trocar to inject through the canula of that trocar some irritating fluid into the cavity of the membrane, the presence of which excites inflammation of the tunica vaginalis. The consequence of this inflammation is the prevention of the reaccumulation of fluid—this is the treatment by *injection*.—Now as the latter mode is found to be the easiest and simplest, it is usually adopted, and I need not enter into any particulars respecting the others. In the treatment of hydrocele by injection, then, you first of all tap the swelling with a small hydrocele trocar, as you would simply to let out the fluid; and having evacuated the contents, you inject into the cavity of the tunica vaginalis, through the canula of the same trocar, a mixture of port-wine and water, two-thirds of it being wine, and one-third water; this you allow to remain for five minutes, and then you let it out. For my own part, I am generally in the habit of injecting a second quantity of fluid on this occasion, frequently using port-wine alone, in order to be quite sure that a sufficient impression is made on the tunica vaginalis, to ensure the purposes of the operation. If you inject a second portion of port-wine and water, or of wine alone, let it remain in for the same length of time, and having let it out, close the wound with a bit of sticking-plaster. Such is the operation.—In tapping the hydrocele, either for the palliative or the radical cure, take care that you do not wound the testicle; it is necessary that a certain quantity of fluid should be accumulated in the cavity of the tunica vaginalis to prevent an accident of this kind, for which purpose also you must first introduce the trocar perpendicularly, so as to go completely through the scrotum and tunica vaginalis; when you have entered the cavity of the latter, carry the instrument onwards obliquely for a short distance, and then withdraw the stylet, and push the canula forwards to its full length. There is some degree of attention necessary, more particularly in performing the radical operation, because, if you do not carry the trocar completely into the cavity of the tunica vaginalis, you may

inject the port-wine into the cellular substance of the scrotum; and I have seen, during the operation, the integuments of the scrotum become so wrinkled and corrugated, as to alter considerably the relation between the different parts, the aperture into the tunica vaginalis being in this way thrown off the extremity of the trocar, so that the accident I have mentioned might easily have taken place. If you inject the fluid into the cellular substance of the scrotum, it is followed by a high degree of inflammation, with sloughing of that membrane. It is necessary, therefore, that you should pay particular attention to a few points, in order to avoid the possibility of this occurrence. The injection of port-wine and water into the tunica vaginalis, sometimes produces considerable uneasiness in the testicle, pain shooting up along the spermatic chord, and pain in the loins and across the lower part of the abdomen, sometimes to a very considerable extent. In other instances, however, the patient is hardly sensible of any inconvenience. In the course of two or three days after the operation, the testicle and tunica vaginalis swell, and acquire a size of at least equal to that which the tumour possessed previous to the operation; of course it is expedient that you should prepare the patient for this occurrence, by telling him beforehand what will happen; otherwise he may be alarmed by the supposition that his complaint has returned within so short a time from the performance of the operation. This is a kind of inflammatory hernia *humoralis*—inflammation of the testicle and its coats, but unattended with much inconvenience. The patient keeps quiet, lies on a sofa, perhaps applies a lotion to the part, and remains in-doors for a time, and probably in about three weeks from the time of the operation, the swelling will have subsided, and the testis regained its natural size. The operation is sometimes attended with so little inconvenience, that the patient does not even confine himself within doors. I injected the hydrocele of a gentleman of sanguine temperament and florid appearance, who, it might have been supposed, would have suffered considerably from the injection. I injected, in the first place, the mixture of two-thirds of port-wine and one-third of water, which I kept there for five minutes; after that I threw in nearly pure port-wine, allowing it to remain for five minutes. He hardly experienced anything like pain. I told him to stay in the house, and go to bed if he felt any uneasiness, but if not, that he might lie upon the sofa. I called on the third day, when he had left a message for me, saying, that he had felt very well, and been obliged that morning to go to his counting-house. In fact, he got so well as to be able to pass from his house to the city, to attend to his business from that time, not being ill enough once to cause him even to lie down. The effect of the operation, however, was complete; the testes slowly swelled, and then slowly subsided. Other fluids may be injected in the case of hydrocele, besides port-wine and water. A drachm of the sulphate of zinc to a pint of water, forms one; indeed any irritating fluids may be used.—I have mentioned to you, that effusion of fluid into the tunica vaginalis of the testis is sometimes accompanied with swelling of the testicle. We are sensible accordingly, in certain instances, that a swelling of this nature partly consists of an enlargement of the solid part of the testicle, and partly of fluid, and when we have drawn off the water, we are better able to determine how much of the swelling arises from the solid part. In a case of this kind the question is, whether the operation by injection, or any other mode of proceeding, for the radical cure of hydrocele, is most suitable. If the swelling of the testicle should be inconsiderable, twice its natural magnitude, and pretty hard, it has formed gradually, and without pain, as hydrocele usually does. I have never scrupled, under such circumstances, to perform the operation by injection, and, in most instances, I have found that the solid swelling of the testicle has then gradually subsided. I have not seen any case in which the operation by injection has been attended with unpleasant circumstances. I have seen no instance in which the hydrocele has become more considerable afterwards, or the parts have been at all injuriously affected by it.

HYDROCELE IN INFANTS.—Hydrocele sometimes occurs in infants soon after birth, and is either hydrocele of the tunica vaginalis, such as I have now described, which, in consequence of the thinness of the tunica, and the transparency of the swelling, renders the nature of the case very obvious; or it is a case in which there is a communication still subsisting between the tunica vaginalis and the cavity of the abdomen, so that the fluid contained in the former, passes up by pressure into the cavity of the abdomen.—*Treatment*: In the case of simple hydrocele of the tunica vaginalis of an infant, I have hardly ever found it necessary to perform an operation. Sometimes those hydroceles disappear of themselves. Generally you prescribe a lotion containing a little of the muriate of ammonia—by the application of which the swelling is dispersed. I do not know that after failure of this measure I have not simply punctured the swelling with a lancet, and let out the fluid, and then that the swelling went away; but I have never found it necessary to adopt anything like the proceeding for the radical cure. The hydrocele which communicates with the cavity of the abdomen, is more rare. You would of course avoid meddling by operation with a case of that kind, because if you puncture the tunica vaginalis, you do, in fact, puncture the abdomen. Without saying, therefore, that no combination of circumstances can arise in which it would be necessary to perform the operation, I should say, avoid it, unless there be some pressing circumstance indicating a necessity for the measure.

HYDROCELE OF THE CHORD consists either in the formation of a cyst in the chord, and in the accumulation of fluid in that cyst, which may increase to a very considerable magnitude, or in the deposition of fluid surrounding the spermatic chord, so that it is diffused through the cells of the tissue. The latter occurrence is very uncommon.—The *encysted* hydrocele of the chord which presents an isolated and detached fluctuating swelling, containing fluid, must be treated just in the same way as hydrocele of the tunica vaginalis. The fluid is colourless; it does not present the same straw or lemon colour which you see in hydrocele of the tunica vaginalis; and I recollect an instance of a person who had hydrocele of the tunica vaginalis, and also of the spermatic chord, where the patient himself immediately noticed the difference of the fluid which flowed from each; that from the lower hydrocele was nearly the colour of urine, while that from the upper was like water. You may inject one of these with port-wine and water, just as in hydrocele of the tunica vaginalis.

HÆMATOCELE.—In consequence of injury to the testicle, sometimes in consequence of the division of a vessel in the operation for hydrocele, blood is effused into the cavity of the tunica vaginalis, and hence arises the case called *hæmatocele*, which means a bloody tumour. This is a soft fluctuating tumour—a tumour obviously consisting of fluid; on puncturing it, however, we perhaps let out a bloody fluid of watery consistence, or a thickish bloody fluid of a dark colour. Sometimes it is a more solid tumour, the fluid part of the blood having been absorbed, the coagulable part, the fibrin, remaining. Now this is a specimen of one of these cases, which was removed by castration; you will observe the testicle behind quite sound, the tunica vaginalis containing a coagulum of blood, and the spermatic chord above.—The *treatment* of hæmatocele must be exactly similar to that of hydrocele. If the complaint be troublesome from its size, you puncture it; and if the contents be fluid, you may, after puncturing, inject it as in hydrocele; under other circumstances, that is, if the contents consist of this coagulating fibrin of the blood, it may be necessary to make an opening, so as to expose the interior, more effectually to clear out the contents, leaving the surface of the tunica vaginalis to granulate by the application of a poultice.

FUNGOID PROTRUSION OF THE TESTICLE.—The testicle is frequently the seat of acute inflammation, which terminates in the formation of a small quantity of matter. The testicle, however, I should observe to you, does not readily undergo suppuration; in that respect it resembles the glands

of the body generally; but there is occasionally a rather acute inflammation attacking the body of the testis, in which the glandular substance of the testis becomes enlarged, being confined by the dense, unyielding fibrous membrane surrounding it, gives to the tumour a particularly hard and strong feel, the scrotum becoming adherent to the surface of the inflamed testicle, and assuming a red colour, with a smooth, shining appearance. Then the inflamed glandular substance of the testis gradually makes its way through the tunica albuginea, the tunica vaginalis, and the scrotum, by ulceration, and appears externally in the form of a fungus. When you see this affection in its advanced stage, you conclude that suppuration of the testicle has occurred. The redness of the scrotum, the smooth and shining appearance of the integuments, are exactly similar to those of phlegmonous abscess which is approaching the surface of the body; when these have advanced to a certain extent, a degree of softness is felt in the prominent part of the tumour, and the scrotum slowly gives way by ulceration; but you find little (if any) matter escaping; a little thin fluid, or perhaps a small quantity of blood, flows out, and then a vascular substance, which we call (for want of a better name) *a fungus*, gradually presents itself at the orifice of the opening. In the commencement it has a dirty-brownish appearance, but it is covered by granulations, so as to have a red appearance; and it presents to our view a red, dense, mass issuing out of the scrotum. Thus situated, it is called a fungus of the testis.—The essential nature of this affection then, in the first place, is active inflammation affecting the body of the testis, enlargement of its body, very hard and dense to the touch, in consequence of the inflamed, soft, glandular substance being firmly bound down by the fibrous coat of the testicle; then the gradual protrusion of the glandular substance through an ulcerated aperture of the coats of the testis and scrotum follows. It is a kind of hernial projection of the glandular substance, constituting a red fungus, from which a copious, rather foetid discharge, oozes externally, the basis of this fungus being surrounded by the red, inflamed, and thickened integuments and cellular membrane of the scrotum. Now, when you first view a case of this kind, particularly bearing in mind the familiar expression (which is very commonly met with in older writers) of scirrhus and cancer of the testicle, you naturally suspect that this might be a fungus of the gland of a malignant character, or that probably the gland itself is cancerous. This, however, is not the case; the affection is quite innocent in its nature and tendency.—The fungus which thus protrudes may, after a length of time, be diminished, and the parts may skin over. This is an extremely slow process, however; and hence, under the notion more particularly that those affections were of a cancerous or malignant nature, castration, or escharotics, have been had recourse to, but of course do little or no good.—The *treatment* is extremely simple. You pass a double, flat-edged knife through, or on a level with, the basis of the tumour, and cut the substance away, when you find that it is the glandular substance of the testis. If the swelling have been pretty considerable, including almost the whole gland, you will find that the part, from which you thus shave away the disease, will granulate over, and become better; if, however, it be less considerable, you may have to repeat the process, and then the part will cicatrize, and the epididymis and spermatic chord are left behind in the scrotum; but the testis of course is spoiled, as far as its function goes. This mode of proceeding, however, is much less serious than castration by incision through the integuments and the exposure and division of the spermatic chord. I have had an opportunity of seeing a great variety of cases of this kind, and I have found the proceeding I have mentioned invariably effectual, and not attended with any unpleasant results. It is remarkable, that the glandular substance of the testis, which thus protrudes, is found to be nearly, if not entirely, insensible. On passing the knife through the basis of the tumour, if it go through merely the glandular substance, and you do not touch the integuments, you will find that the patient hardly knows the knife has been applied. This affection

sometimes appears successively in both testes, first in one and then in the other.

SARCOCELE.—The testis is liable to a number of chronic enlargements; it becomes increased in bulk, but the nature of the swelling differs in different instances. Now these were formerly called by the general term *sarcocele*, meaning a fleshy tumour. This term is one with which you very commonly meet in the older authors, and in Latin writers on surgery; it merely means a fleshy enlargement of the testicle. It is employed in contradistinction to hydrocele, a term which I have already had occasion to mention. The term *sarcocele* does not indicate any particular disease of the testicle; it is quite an indefinite term, and among modern writers who attempt any accuracy of definition, is very little employed.

You may have chronic inflammation of the testicle, as of any other soft part of the body—simply a vascular enlargement of the part, sometimes attended with a degree of heat and redness; in other instances, not accompanied with any particular enlargement, pain, or heat, but sometimes a little larger and hotter than natural. This may take place in scrofulous constitutions, and the enlargement of the testicle may be of a scrofulous character; in such cases it may proceed to indolent scrofulous suppuration, and the matter thus formed makes its way externally. In the greater number of instances, however, the chronic enlargement of the testicle does not proceed to suppuration.—If there be pain and redness, you may find it necessary to apply leeches, and adopt other parts of the antiphlogistic treatment, but you meet with a great number of instances which do not yield to treatment of that kind. In a great proportion the swelling may be reduced by the actual employment of mercury, either internally so as to affect the system, or by rubbing it on the inside of the thighs; a considerable proportion of the chronic enlargement of the testicle will give way to this treatment.—There are other chronic affections of the testicle which are attended with induration of the substance of the gland, arising and increasing very slowly, and perhaps involving both testicles. In some of these instances, we find that the affection of the testicle has arisen from, and depends upon disease in the urethra. Stricture in the urethra, and the diseased state of that membrane which stricture indicates, are capable of affecting the testicle, and of producing chronic enlargement of it, in the same way that active disease of the urethra is capable of producing acute inflammation or hernia humoralis of the testicle. In all cases of this kind, then, it is expedient that you should carefully examine the condition of the urethra, and satisfy yourselves before you enter upon any other treatment, that that canal is in a healthy state. There are, however, many instances of chronic enlargement of the testicle, particularly where both testes are affected, in which you do not find any disease existing in the urethra, in which you may employ the treatment ordinarily used for chronic affections of various soft parts, without producing much impression on the symptoms, and where you find that medical or surgical treatment has very little influence on the complaint.—It is not necessary in those cases immediately to proceed to the operation of castration. The testicle may acquire a certain size for a long time, without producing any further inconvenience than is caused by the bulk of the swelling; and when you are satisfied that the complaint is not of a malignant character, there is no occasion to proceed to so serious a remedy as that of removing the affected organ.

The testicle is liable to a slow enlargement, with the formation of cysts within—of *cystic sarcoma*. This is a specimen of the kind; there are here several watery cysts. This is a kind of swelling which, although not malignant, does not yield to surgical treatment. It is, therefore, one of those cases in which, after a length of time, if the patient be inconvenienced by the bulk, or is anxious about its nature, it may be very justifiable to proceed to remove by an operation.

The testicle is also liable to **CANCER AND FUNGUS HÆMATODES**, the former being very rare. I only recollect some two or three instances in which I have seen a change of the testicle, which I have deemed to be of a genuine scirrhus character;

and yet, if you were to form your opinion from the statements of writers on spermatic affections, you would imagine that scirrhus and cancerous affections of the testicle were very common. Fungus hæmatodes is a more common affection, and has been observed in cases in which I think the name given to it has probably been derived from the appearance it exhibits. It has been called *soft cancer*, for the tumour which is produced by the occurrence of fungus hæmatodes of the testicle is so soft, that in many cases it has been punctured under the idea that it was hydrocele.—Respecting cancer and fungus hæmatodes of the testicle, however, I have nothing particular to add to the general observations already made. I would only observe that the result of operations in these cases has been extremely unfavourable, so that in cancer and in fungus hæmatodes of the testicle (as in the same affections of the female breast), we generally find that the operation is only a temporary relief, and that the disease recurs either in the neighbourhood, or in some other part of the body.

The testicle is liable to a painful affection without enlargement of bulk, which I suppose may be called NEURALGIA. The pain accompanying this affection is sometimes so serious, that it renders the sufferer incapable of pursuing his ordinary occupations, interferes so much with his business and with his comforts, and is so uncontrollable by any medical or surgical treatment, that patients have occasionally submitted to the operation of castration, for the purpose of getting rid of the pain and inconvenience.—Various local applications have been tried with very little useful result. You may cover the affected testicle with soap-plaster, and keep it suspended, or with a piece of oiled silk, to produce copious perspiration of the part. Various internal means have been tried, but generally with very little effect.

THE LIVER.—We have hardly anything to do surgically with the liver. That part is subject to acute inflammation which may terminate in suppuration and the formation of abscess, and the abscess thus formed may present itself externally, and require opening. This is an occurrence which seldom takes place, except in warm countries.—We hardly ever see, or are called on to open, an abscess of the liver in this country. It may be necessary for you to know, however, that where symptoms have existed indicating suppuration of the liver, a tumour having formed externally, you may safely make an opening into the tumour, and evacuate the contents. You will not, however, be in a hurry to do this. It is, of course, necessary that the liver into which the opening is made, should have become adherent to the side of the abdomen; the longer, therefore, you delay the opening, the more certain will you be that these adhesions are formed.

THYROID GLAND.—That part of the neck which is called the *thyroid gland*, is liable to enlargement of a chronic kind, the swelling which is thus formed being technically called BRONCHIOCELE. In this affection there is one peculiarity; it is more common in females than in males, and takes place more particularly in some countries, or in certain districts of a country, than in others. It is endemic in mountainous districts. In this country, for example, it is found to be much the most prevalent in hilly parts—on the hills of Derbyshire for instance; thus (in some parts of England) it goes by the name of the *Derbyshire neck*. In the mountainous parts of Switzerland it is very common. It is also found frequently in Tyrol, in Asia, and in the Andes. So that there seems to be something peculiar in those situations favourable to the development of the complaint. The affection consists commonly in the formation of cells, dispersed through the texture of the thyroid gland, containing a gelatinous substance. It produces, therefore, an enlargement of the gland, which is soft to the feel, and which either occupies the whole of its lateral or middle parts, or one lateral or the middle lobe separately from the rest of the texture of the gland. I have mentioned the gland to be, in its enlarged state, generally soft; however, there is some variety in this respect, and occasionally it contains bone. Here is a piece of a completely bony texture taken out of a thyroid gland.—The treatment consists in rubbing on the external sur-

face of the swelling, ointment containing the *hydriodate of potash*, and administering internally the iodine. Under this treatment, very considerable success has been obtained in the reduction of large tumours; not, however, that we can say that the iodine is actually a specific upon which we can positively depend for removing the swelling, but we find that the treatment is effective in a great number of instances.—In some instances there is not only this enlargement of the thyroid gland, but a very active state of all the vessels leading to it; there is an inordinate increase in the activity and size of all the vessels running through the gland, and this has led to the experiment of diminishing its size, by tying its nutrient vessels; but the gland is almost too abundantly supplied with these for attempting such an operation; it receives four large arteries, two above and two below. However, in some instances, the operation has been attended with considerable success, particularly in a case where the proceeding was adopted by the late Mr. Earle; yet I do not know that any facts we are acquainted with, show a sufficient degree of success to induce one to undertake the operation generally.—There are some cases where the swelling has been so large and so inconvenient, that extirpation has been advised and even practised. This, I must observe to you, is a very serious undertaking, for when the swelling becomes considerable, it extends laterally, so as to become involved with a great number of important blood-vessels and nerves, and other parts of the neck; in fact, in consequence of this connexion, difficulties are prevented that would cause the best anatomist and most experienced practitioner often to regard the operation as a serious and difficult one. Professor Graëfe, of Berlin, operated in a case where the swelling was so very considerable, that he thought it right to perform the operation by instalments, that is, he cut off one side of the gland first, and after waiting until that got well, removed the other side. He took up *fifty arteries*, and it appears that the patient did well afterwards. Certainly we must consider that he was very fortunate.—Respecting the use of iodine, the good effects which have followed its administration in cases of bronchocoele, have led to its use in a variety of other affections, under the idea that it is capable of exciting the action of the absorbents, and so removing disease; thus it has become a fashionable remedy in scrofulous and enlarged glands.

CORRESPONDENCE.

ON MEDICAL CLUBS.

To the Editor of the 'Medical Times.'

SIR,—In your Number 56, for October 17th, and again in your Number 59, for November 7th, you have brought forward the subject of 'Medical Clubs.' This is a topic which deserves some attention, and has now become, in such populous places as this, not only a source of separate practice for many general practitioners, sufficient to occupy their whole attention, and even afford a means of subsistence with which they are satisfied, in some measure buoyed up with the hope of moving in a higher sphere; and I very much doubt whether as much real good may not be effected in this way, and, at the same time, I hope not lowering the profession, than the extensive attendance gratuitously given by the dispensaries. I have long been of this opinion; but as there was some probability of the subject being taken up, either directly or indirectly, under the intended bills for reform, I have suppressed any ideas which I may have privately indulged in upon the subject. In addition, however, to your correspondents alluded to, I have reason to think that the subject will speedily be brought before this locality, but how far any such attempt will lead to good results, must depend upon the views taken by those who may possibly be more interested, and probably more acquainted with this line of practice. I of late years have been in this great and growing town; I believe there are not much less than 80,000 patients who receive gratuitous assistance, attendance, and medicines, at a cost of something less than £17,000, from which the honorary physicians receive no emolument whatever; some of the honorary surgeons possibly may, through the medium of taking pupils; the

house-surgeons and assistants are those only who receive stipends, although these individuals have an opportunity of improvement greater than their gratuitous seniors in office. Several years ago, when there was rather an increased influx of young medical graduates, ready to practise either physic or surgery as may be most conducive to their tastes and prospects, were very anxious to listen to what was most likely to further their views; and having myself laboured hard in the field of gratuitous practice, in Liverpool, I was honest enough not to recommend the same to them, but as a substitute to endeavour to establish *self-supporting* dispensaries, knowing well how much those charities were abused both on the part of those who subscribed, and those who applied for medical assistance; but whether my hint was thought too humiliating for men whose attainments were deservedly scientific, or my plans thought not to be strictly professional, I know not—but they were not acted upon, probably in search after higher pretensions and higher claims. In this, however, as in many other instances, errors will in time cure themselves if we have patience to wait for them; for I have it from such authority as I think I can depend upon—that in the environs of Liverpool we have three if not four *self-supporting* dispensaries which I believe are working well, serving the public, employing those who may otherwise be idle, and preparing them for the confidence of a higher sphere with credit to themselves and benefit to an extended community. The terms upon which the medical attendant is remunerated, I am informed, is by the father of a family contributing 2d. a week for himself and wife, and 1d. a week for each child, who, having only one child, would be about 13s. a year; and if 12 of such families, £7 16s. a year. This plan is pursued by men deservedly respectable in this neighbourhood, who live among the wealthiest of our mercantile community; and although I am perhaps one of the very last men of my medical brethren here to encounter or adopt anything which may lower our standing in society, I really do not see why gentlemen of the medical profession should go on toiling year after year in the gratuitous services of the public, when we find that no member in the profession of either law, or even divinity, will do the same. I am quite aware that it requires a very calm head to organise any such modification of attendance upon the sick poor, as may afford satisfaction to the medical profession who have so long been accustomed to the "old regime," but that it is to be done, I have not the smallest doubt, and if not cheerfully embraced by the medical profession at large, the times in which we live will force it upon us.—I am, Sir, your obedient servant.

MEDICUS.

Liverpool, Nov. 17th, 1840.

VACCINATION ACT—RESULTS OF PROFESSIONAL UNION.

To the Editor of the 'Medical Times.'

SIR,—You will, I doubt not, be glad to learn that the perfect unanimity of the medical men of this neighbourhood, has succeeded in procuring the consent of the Poor-Law Commissioners to a fee of two shillings and sixpence for every case of vaccination performed successfully under the Act by any qualified practitioner residing within the union. I am, Sir, your very obedient servant,

F. A. B. BONNEY.

Brentford, 18th November, 1840.

YOUNG SURGEON'S SHIPBOARD.—CHAP. VII.

By A. GRANT, Esq., M.R.C.S., &c.

I WILL describe more fully the case alluded to in my last.—The patient was twenty-eight years of age, of dark sallow complexion, and middling stature. He had served for many years in Her Majesty's navy. Four weeks after putting to sea he first applied to me; this was upon the 7th of April; there was then upon the posterior and upper surface of the glands a small circular ulcer of unhealthy appearance; hardened base and elevated edges; and in the centre a dark and thick slough. His attention had only been directed to it upon the previous day.—A few grains of calomel were sprinkled upon the ulcer, and a dose of calomel given at bed-time.

Upon the following day the prepuce was so much swelled that the sore could not be exposed, and the gland of left groin felt tender and enlarged. He was now confined to his hammock, and took every second hour a wine-glassful of the emeto-cathartic mixture. This produced a powerful effect, and aided by the use of fomentations, the swelling was so much got under, that on the following day the prepuce could be withdrawn. The sore was found to have spread greatly, being fully the size of a shilling, and presented a strongly marked phagedenic appearance. The inguinal glands continued enlarged and painful.—Black wash was applied to the sore, 5j of mercurial ointment ordered to be rubbed into the groin night and morning.—On the 10th, the swelling continued to diminish, and the sore was much cleaner, but increased in depth by the slough being thrown off.—12th. Granulations springing up from it, there is a healthy discharge; glands in groin continue enlarged. To have five grains blue pill night and morning, and to continue the black wash and mercurial inunction.—16th. Sore nearly filled up by vascular and healthy granulations; glands still enlarged, but not painful. By the 25th, sore and glands had cicatrized, and he had gone to his duty; glands in groin were still enlarged, but only painful when he went aloft.—On the 30th, by a continuance in the mercurial inunction, the enlargement of the glands was completely resolved. The mouth had never been affected in the slightest degree, and it was only now that he acquainted me of his having lately been in hospital during six weeks for the venereal shortly before joined the ship. Although he had then taken large quantities of mercury, it never made his mouth sore.—On the 14th of May, he again applied, complaining of sore throat and nocturnal pains in the bones, particularly in the shaft of both tibiae; he had a purgative powder, and liniment to be applied externally. Upon the following day he was no better, the uvula caused much uneasiness; the solid nitrate was applied to the uvula, and he had six grains of calomel and one grain pulv. opii every sixth hour.—On the 16th he was much worse; liquids even were swallowed with difficulty; pulse was 100 and full. Had a blister applied to the neck; this rose well, and afforded great relief; the calomel and powder were continued. He went on improving until the 21st, when he again complained of an increased soreness of throat; he informed me that he had spat and coughed up a piece of flesh. On examination no loss of substance could be detected, but an ulcerated surface was observed at upper and back part of pharynx; and on the 23rd another ulcer formed upon left tonsil, presenting a dark sloughy appearance. The bowels were kept open, the calomel and opium continued, and nitrate of silver applied to the ulcers. On the evening of the 24th, he became suddenly incoherent, the pulse was 130, feeble, the face sunk, and the body covered with a clammy moisture. He had now 3ss. of wine every half hour. About midnight he recovered his senses, and after that had some hours' sound sleep. On examining the throat there was observed considerable swelling and redness, the tonsils being particularly enlarged: finding deglutition very difficult, a blister was applied to the neck, and eight grains of calomel and half a grain of opium given.—25th. Blister afforded great relief; it was dressed with mercurial ointment, and the powder repeated; from this time the throat affection continued to disappear. But upon the 26th, he was seized with acute pain of right fore-arm in course of radius. There was considerable swelling and tenderness, but no superficial redness; an ointment with pulvii opii, 3j to the 5ij of the former,

was rubbed into the arm, and he was allowed wine and bark. By the 30th, throat was quite well, and arm only slightly painful; instead of wine he had now a pint and a half of porter a day, and a fresh meat diet. By the 4th of June he had greatly recovered his strength, but arm still continued weak, with deep-seated induration. He now used the camphorated mercurial ointment, and upon the 6th inst. he was able to return to his duty. Upon the 16th of the same month he was attacked with swelling of the lymphatic glands of the right side of neck; one of these was red and inflamed; poultices were applied, matter formed, and was given exit to. By the 19th the opening had closed up; he still continued to have his allowance of porter. Upon the 20th, deep-seated pain, and swelling of the right knee-joint and upper part of tibia, came on. He was confined to his hammock, and used the camphorated mercurial ointment. On the 26th, by the use of the ointment, the joint was greatly better, but still stiff and painful on making attempts at motion. Numerous copper-coloured abscesses had appeared on various parts of his body, particularly over the lower extremities. The ointment was ordered to be continued, and he had five grains blue pill three times a-day, and to increase his porter.—30th, motion of knee gives no pain; general health much improved; glands in left groin are much enlarged and tender; pills have purged him very freely. Omit the pills, camphorated mercurial ointment to groin; rest and fomentations.—1st of July, swelling in groin diminished; continue ointment.—2nd, swelling much the same.—4th, swelling increased; tumour elevated and soft in centre.—6th, bubo laid open and a large quantity of pus discharged, and a cataplasm applied.—By the 12th, discharge had ceased, and there was no pain or enlargement; and on the 15th he returned to his duty.—The future history of this case presents a melancholy prospect for the poor patient; for a month he continued free from any ailment, and his health was become re-established, when the baneful influences of the poison again began to show themselves. Ulcers broke out upon the legs of a most indolent and truly syphilitic character, tedious in their course, and difficult to cure. I now had it in my power to try the effects of the hydriodate of potassium, but now again the unfortunate idiosyncrasy of the patient disappointed my hopes. He had only used the medicine for two days when œdema of the face came on; the medicine was stopped, and again tried in diminished doses, but the œdematous swelling was so great that I did not feel myself warranted in persevering longer in its use. About the same time a node formed over the os frontis, the integuments ulcerated, and an irritating sanies was secreted. By local applications alone a more healthy action was induced, and after a tedious process the part healed up without any exfoliation of bone. Since then all appearances of the disease has been confined to the lymphatic glands of the neck; these, one after another, have become enlarged, inflamed, suppurated, and closed up. This has not, however, detained him from continuing at his duty, and I have long since ceased giving mercury internally, contenting myself with simple dressings applied to the diseased parts. Lately, 10th of May, 1840, there was no discharging surface in his neck, but within the last few days a large tumour, composed of inflamed lymphatic glands, has made its appearance immediately about the sternal end of the clavicle upon the left side, and it is now rapidly disappearing under the use of a strong liniment, composed of comp. tincture of soap, camphor, and opium. Who will read this case and deny the humoral pathology?

This case might afford a fruitful subject for discussion. I shall content myself with observing, that it seems to present the following circumstances worthy of our attention; that in some habits mercury in any form fails to excite its constitutional effects, and that this failure is connected with a want of nervous irritability, which marks the dark and sallow, and those of leucophlegmatic temperament. Such was this patient's habit, and it is to be observed also that he was particularly induscent of pain. That notwithstanding this, the local application of mercury may be attended with much benefit; here it was always followed by an improvement evident to the external senses. The sore on the glans healed under the use of the black wash; the enlargement of the lymphatic glands in groin, and the affection of the periosteum, disappeared under the use of mercurial inunctions; and the ulcers upon the legs, and the node on the forehead, also got well under the application of mercurial dressings.—This case may also be opposed to the opinion of many good authorities, that each variety of primary sore is followed by a determinate form of secondary symptoms. We have presented to us here in one person, and following each other in succession, constitutional disease in its most aggravated, as in its mildest forms.—I think there is here a rather strange coincidence in idiosyncrasy, both mercury and iodine disagreeing in one person. It may be said that mercury may be producing its constitutional effects, although it does not show itself by tenderness of the gums, or by an increased flow of saliva. Such an opinion, however, is opposed to all experience; for in tropical dysentery and remittent fever, where mercury is truly a specific, no amendment shows itself until the mouth becomes affected, then all the symptoms become mitigated, the secretions improve, and the patient is considered out of danger; when the mercury fails to affect the mouth, the case almost always terminates fatally.—I had no sarsaparilla to give this patient; but that is a remedy in which I place very little confidence; I consider wine and quinine a better tonic, and also the excellent porter which is to be had on board ship; it is made with a large quantity of the hops and bitter ingredients for its better preservation in warm latitudes. It agrees well with convalescents, and I feel assured it was of much benefit to this patient.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 14th November, 1840:—

Epidemic, endemic, and contagious diseases	192
Diseases of the brain, nerves, and senses	136
Diseases of the lungs, and other organs of respiration	250
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	76
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	17
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	3
Diseases of uncertain seat	109
Old age, or natural decay	51
Violent deaths	25
Causes not specified	2
Deaths from all causes	885

VACCINATION.—On Thursday, Paddy Corcoran, the celebrated quack, was arrested and lodged in Bridewell for inoculating three children from the small pox, contrary to the 3rd and 4th Victoria. Two of the children have since died.—*Nenagh Guard*.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

An Essay on the Chemical, Botanical, Physiological, and Parturient Properties of the Secale Cornutum. By T. H. Wardleworth, Surgeon. Pp. 69. Simpkin.

Human Physiology. By John Elliotson, M.D., F.R.S., &c. Numerous Woodcuts. 5th Edition. 8vo. Pp. 1194. Longman.

Practical Observations on the Pathology and Treatment of Stricture of the Urethra. By R. Wade, Surgeon to the Westminster General Dispensary, &c. Pp. 149. Churchill.

R. A.—We sent a second copy last week, and shall be glad to hear from him again.

MR. LAWRENCE has been elected Examiner in place of Sir A. Carlisle.

RECEIVED.—*Medicus*—Mr. Liston and the Students of U. C.—T. S. F.—R. A.—Mr. W. Drew.—Answers next week.

C. D., (Blackburn.)—The quackery shall be attended to in our next; send further particulars if convenient.

E. E.—A note by post.

DR. GOODWIN'S copies, and also Mr. Sayle's, have been regularly posted.

WESTMINSTERENSIS.—Mr. Malyn and Mr. C. Guthrie are candidates for the post of Assistant-surgeon to the Westminster Hospital. The indelicacy of the latter canvassing before Sir Anthony's body was cold, has not passed unregarded. It has been reported that Mr. Curtis complains of the plagiarism committed by Mr. Charles Guthrie in the pamphlet upon Squinting, inasmuch as the celebrated Curtisean System of puffery has been adopted without any acknowledgment.—Mr. Curtis's influence will therefore be opposed to Mr. Charles Guthrie's election.

A SUBSCRIBER, (Warwick.)—We have not a single sheet, or we would send with pleasure. The bookseller can perhaps get one.

H., Paris.—A letter by post. Some error must have arisen. One parcel came to hand, containing only copies of 'Bulletin Chirurgicale,' (exchanges) which were sent. No other has been received, or can be heard of on this side the Channel.

F.—Truly they are examinations,

—Which BALAM'S ASS
As well as Balam's self might pass,
And with his MASTER take degrees,
Could he contrive to pay the fees;

at the same time, we are just and candid enough to admit that the examinations ought to be very different for raw students and experienced practical men. A plain, straightforward, sound, practical examination, founded on observation, experience, and actual knowledge, is a proper concession to maturity of years and long respect and good standing in private practice. These men never did, and never can, unfix their customary habits of professional thinking to "drudge up again," as Dr. Johnson says, "the elements of their art." The mind naturally loathes to get up all the minutiae and details of the academical and theoretical routine of the Scotch Board of Examiners. Experience has taught middle-aged men the inutility and folly of it; but young men, raw recruits, and awkward squads, in the hey-day of highly-developed memory, swallow omnivorously all that the theoretical teacher chooses to cram down their throats; go parroting in, and pass their examinations, memoriter at Edinburgh, like prodigies of precocious genius. Our friend, the late Dr. Peter Reid, who was a Grinder all his life, told us, that he had had, for pupils, men of mature age, who had been for years "in a state of crucifixion," trying to get up minute details and particulars in medicine and the seven or eight collateral sciences in vain. He advised them, as well as persons of unsound mind, deficient either in memory or judgment, to shirk the Edinburgh examinations altogether, and repair to Aberdeen or St. Andrew's for their "Dub-stamps." They afterwards returned to the South of Tweed, kept a still tongue in their heads, and showed off before women and epicenes like conjurers, and rose in the world as well as the best.

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THE MEDICAL TIMES.

LEGISLATIVE OR EXTERNAL REFORM OF THE BRITISH MEDICAL POLITY.

BRITISH.—NO. IV.

IN the Nine University Schools and Faculties of the Three Kingdoms, there are almost as many different systems of education. The systems of Surgical education appointed by the Three Corporations of Surgeons, called Colleges, in England, Ireland, and Scotland, are even more dissimilar to each other than those of the medical faculties.

FRANCE.—NO. IV.

The system both of Medical and Surgical Education in the Three Universities of France is Uniform, except that it is extended two years longer in the secondary schools than in the universities.

REMARKS.

The nine corporate university schools of the United Kingdom, viz., Oxford, Cambridge, Trinity College, Edinburgh, Glasgow, Aberdeen, St. Andrew's, the Metropolitan University, and the three Royal Colleges of Surgeons, before mentioned, making altogether Eleven, have adopted, in consequence of their being independent of each other, and being governed by their own laws, by-laws, and statutes, subject to no superior control, has many different and unequal systems of education and examination, and created as many various classes of physicians, surgeons, and general practisers, in education, grade, and station, as there are Faculties, eleven in number (!!) belonging to them.—Whereas, in the university schools of France, of Padua, and Pisa in Italy, of Germany, and even of several other continental countries, an Equal and Uniform System of Education far more applicable and efficient than any system of the British Schools, is appointed for physicians, surgeons, and general practisers. We beg to state, that Two Years are required for

the preliminary acquisition of Degrees in Arts and Sciences, and from Four to Six Years for degrees in Medicine and Surgery.—We cannot avoid noticing that the almost nominal, superannuated, somnolent, and paralytic Faculties of Oxford and Cambridge arrogate to their medical degrees the Highest Honour without conferring any of the Proper Qualifications, from a mode of giving medical education unsuited to a profession of Practice, Experience, and Utility, and not of mere verbal Learning, Theory, blandishment, and Speculation.

We must also call public attention to the important fact, that the London College of Physicians has heretofore admitted the venal and purchased diplomas of Aberdeen and St. Andrew's, German, and other foreign universities, as qualifications for their examination and license. That the London College of Surgeons, for self-interested motives, has prescribed courses of study, until very recently, much too cursory in comparison with the two other Colleges of Dublin and Edinburgh. That other bodies, specified above, have inundated, until lately, the profession with MOCK doctors and SHAM surgeons; that the DIPLOMA-MONGERING Faculties of Aberdeen and St. Andrew's, which, until recently, committed the gross and detestable abuse of making their diplomas as vendible and as marketable as any other customary commodity, and as well as Glasgow University, are still less strict and more irregular than they ought to be. Of Glasgow University Faculty, we are not without ground of suspicion in respect to graduates proposing to practise in England, notwithstanding the salutary control exercised by the Faculty, or College, or Corporation of Physicians and Surgeons of Glasgow, which is distinct from the University Faculty, over part of Scotland, in preventing irregulars and quacks; for the University of Glasgow still apparently admits to very easy and general examination, *Certificated Term-trotting Surgeons, Apothecaries, Counter-druggist Surgeons*, "et hoc omne genus," and ABSENTEE-EVADERS of College residence. The ancient and anomalous right also of granting *Doctors'-Diplomas* and *Dub-Stamps*, conferred on the Archbishop of Canterbury, Bishop of London, &c., has been exercised within our knowledge, without compliance with the prescribed and regular forms of that ancient, absurd, and altogether unsuitable Act. Thus we have nine old and two new universities that grant degrees after eleven or more different fashions of education. Oxford and Cambridge, "which," as Shakspeare says, "are seen in us," confer the highest rank and dignity, with scarce any qualifications! The name and fame of their medical professors are to be found in the Red Book, but no where else! Dr. Harrison, it must be excepted, is clever on the subject of AGUE, which abounds in the Fens near Cambridge, and two subjects are now dissected *per annum* at its university, though, till recently, a "slovenly, unhandsome corse was not suffered to come between the wind and the students' nobility." To serve the exclusive interests of the London College of Physicians, and these two ancient universities, all three of which are useless to the profession of medicine, as Beddoes, who was an Oxford Professor of Chemistry, loudly complained, the immense resources of the greatest capital in Europe have been sacrificed, and London, by way of exception to the other metropolitan cities of Europe, on the pretence of discouraging vice, has been, until the erection of the London University, without a school of medicine, empowered to

grant regular degrees. It follows of course, that we have a PROFESSIONAL BODY commensurate with the multiplicity and variety of the very different and contrasted grades and systems of preliminary and medical education. These institutions are at perpetual variance with each other, characterized and swayed by different corporate interests and principles, and governed by no HARMONIOUS NOR UNIFORM RULES. Some men take one degree, some another, multitudes of quacks *none* at all!! The individual who derives his degree from this or that aristocratic university, in his *fanciful* way denominates himself REGULAR; he exclaims against his competitor, who derives his authority, on the other hand, from another and inferior school, as IRREGULAR! But, in fact, the system of education, general and professional, in each and all of them, is *more or less defective*. The druggist and apothecary take their degrees *in their own way*, and *at their own will*, both in physic and surgery, *behind their respective counters*. Every rational and precise idea of the *essential* qualifications of practisers is lost in the confusion and multitude of complex, artificial, and usurped distinctions.

The University of Dublin exhibits all the vices of the aristocratic system of England, with few of its redeeming qualities. The monstrous absurdity of its having *manufactured two different* classes of physicians, one after the Oxonian and Cantab grade, and the other after the sons of Auld Reekie, is peculiar to itself, and shall be instanced in a sketch of the conduct of the silent sister, in this Saturnine age of lead, so far as regards medicine. Edinburgh and Glasgow, which until lately conjoined to a system of medical education, almost purely *theoretical*, a total neglect of letters, have acquired disgrace through the illiterate character and degrading professional conduct of their graduates, with some exceptions.

DEATH OF DR. M'CREDIE, 30TH REGIMENT.

—It is with feelings of no ordinary regret that we inscribe in our columns the melancholy death of Staff-Assistant-Surgeon M'Credie, who was drowned by the upsetting of a boat in St. George's Harbour, on Saturday, October 13. Our readers will no doubt recollect the heavy squall which occurred towards the close of Saturday's regatta. Dr. M'Credie was then sailing with Mr. Edwards, of the 30th regiment, in a small open boat, about the middle of the harbour. On the approach of the cloud they endeavoured to furl the sail, but the squall struck them before it was accomplished, and the boat was thrown over, filled, and went down. Both the gentlemen could swim a little, and Mr. Edwards struck out for the lee shore, St. David's Island, which was at a considerable distance, and with the assistance of the waves was providentially carried to a small island close by it, to which he was piloted by his dog. We are informed that Mr. Edwards lost sight of his friend immediately after they were immersed, and heard him speak but once—he must have gone down immediately. Our regret in recording this sad accident will be sympathised in by many who lament his loss, for Dr. M'Credie was deservedly esteemed, not only for the skill and readiness with which his professional services were extended to all who needed them, whether military or civil, but for the social and kindly feelings which marked his intercourse with his friends and acquaintances in general.—The body of Dr. M'Credie has since been recovered, and interred with military honours by the 30th regiment.—*From the Gaz. of Bermuda, Oct. 13.*

Vaccination Act.—It has been publicly stated in the newspapers, that persons availing themselves of the provisions of this Act for the vaccination of their children, wont be regarded as accepting parochial relief, and consequently become disfranchised. This exposition of the Act has been contravened by the Poor-Law Commissioners.—*Bristol Paper.*

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XIV.—THE GREAT MULLTEST EMEUTE.

IN the style of my gigantic contemporaries in the art of chronicling any particular events, it behoves me to break off for a short period the progress of Messrs. Whipples, Swubs, Macarthy, and Johnson, in their pilgrimage to the Cyder Cellars, and turn to events of no less interest and importance, in order that all those who figure principally in my "life and times," may receive a due share of notice.

There were three gentlemen in our school that I have not before introduced to the notice of my reader—these were Messrs. Spiff, Pepper, and Pepper, junior. Very nice boys indeed they were too. Always kicking up a racket and noise in the dissecting-room instead of 'minding their books,' and yet, notwithstanding their perpetual riot, always carrying off the prizes at the close of every session, to the great annoyance of the professors in general, who would much rather have awarded their cases of scalpels, boxes of midwifery forceps, gaudily bound volumes, and parchment certificates, to the indefatigable *potterers*, who were accustomed to hop about after them like reduplications of their shadows—taking copious notes of every syllable that fell from their lips, until their thumbs were stained with ink, and thinking more of the words "very diligently" in their Hall schedules, than any other encomium that could possibly be passed upon their labours. But all this was vain and futile. They never gained any prizes, whilst Spiff and the Peppers carried all before them, singing, whistling, and laughing, all the time that they were writing their answers to the examination questions, and ordering in chops and stout for lunch at one o'clock, to the great dismay of the *miseri*, who, locked up with them in the anatomical theatre, where the contest took place, refreshed themselves occasionally with a little water which they asked me to bring in, or solaced their mental anxiety by sucking a ju-jube and munching a stale Abernethy biscuit.

As might naturally be supposed, Spiff and his friends were not on the best of terms with the professors, because they found that in the long run their lickspittle favourites were generally distanced by my heroes. It was reported that Mr. Spiff once corrected Mr. Snipliver after lecture, when he, the professor, had chalked eight distinct layers of peritoneum for the great omentum, so that *they* were not good friends; and he had subsequently threatened Dr. Make-right that he would write a letter to a medical periodical, complaining of various things very much amiss in the school, and nobly withstood the Doctor's proffered bribe of tea and crumpets on Saturday nights (where the potterers usually assembled in all their glory, to discuss the lectures of the week), if he would desist from his intention, which Mr. Spiff eventually did out of charity to the establishment. Mr. Pepper was once found playing a fiddle in the dissecting-room, which instrument he had brought from his lodgings, and he is reported to have had the audacity, when he was asked what he was thinking of in doing such a thing, to tell Dr. Catchmole that "he was employed in setting Quain's Anatomy to music, with the intention of offering it to one of the great theatres for their performance on the anniversary of King Charles' Martyrdom, which was an amputation on an extensive scale!" And there is a legend also, that Mr. Pepper, junior, stole the leather foetus from its quiet abode in the caoutchouc uterus of the obstetric model, and sent it by the London Parcels Delivery Company, shut up in a hat-box, to the matron of

the hospital, with the united compliments of the general board—a proceeding that nearly threw the good woman into fits, and took the conjoint attentions of the secretary, the house-surgeon, and the apothecary, to bring her round again.

"Give a dog a bad name and hang him," is an old saying, and like most old sayings, a very true one. *Par conséquence*, there was never a piece of mischief perpetrated at the school, but it was laid to the invention of Mr. Spiff or the Peppers. If the lining of Mr. Snipliver's hat was inked whilst he was at lecture—if Mr. Mulltest was locked in his laboratory, when he left the key unhappily on the outside—if the pupils kept the sovereign which he sent round at lecture to show the gold and key test for mercury, and returned a shilling in its place—if the ball of the cistern in the dissecting-room was kept down by a brick, and prevented from stopping the supply of water, and the school consequently flooded—if the heels of the skeleton in the anatomical theatre were tied up to its head just before lecture, and a short pipe stuck in its mouth, or rather between its jaws—if crackers suddenly went off by themselves in the museum, on the morning of the 5th of November—if fowls were driven in out of the streets, and shut up in the materia medica cabinets—if John Hunter's bust was graced with a pair of mustachios or his nose chalked red—or if the bladders that arrived, to tie over the preparations, were converted into foot-balls, no matter who was the real culprit, Mr. Spiff, Mr. Pepper, and Mr. Pepper, junior, always bore the blame.

Now, if there was any one of the professors who held our merry-making friends more in horror than the others, it was Mr. Mulltest, the chemical lecturer. He was still a young man, and very clever and industrious, and all that sort of thing; but blessed with the most eccentric species of uncontrollable temper that ever mortal man was subject to. Very trifling affairs have served to upset his *æqua mens* for the whole week. If he burnt his fingers with phosphorus, or the frog that he was killing to galvanize did not die quickly enough; if, on the other hand, the "chemical tom-tit," who filled the office of his man Friday, did not blow with sufficient vehemence at the charcoal furnace to keep it perfectly incandescent, or he chanced to catch any of the students whispering to each other during lecture, or some unhappy idler came in rather late—either of these advents was sufficient to put him out beyond all appeasing. It was from no love of bullying that he used to vent his rage upon the tom-tit, or the pupils, for he had not an atom of tyranny in his composition; and, indeed, he used to keep the other professors of the school quite as much up to the scratch, as he did the students, flaring up perpetually at the medical board when he thought they were at all remiss in their duty. Perhaps he was enabled to assume this air of independence the more readily, from the circumstance of his having several private pupils in his laboratory, who paid him much better than the general ones, since "six guineas perpetual," when it comes to be split amongst the same number of lecturers, is no immense sum after all. Odd fellows, too, the private pupils were, ranking something between medical students and glass-blowers, and perpetually drying nothing on watch-glasses put in hot sand, or turning glass pipes into test tubes; varying their studies by reading long notes from German handbooks, filled with strange words, that it was a perfect impossibility for any one to pronounce with due effect unless they had lost their palate, or had a small portion of mucus lodging on the larynx, which they were anxious to throw off. Great discoveries, nevertheless, emanated from

the laboratory. It was Mr. Mulltest who first noticed the poisonous tendency of rushlights to produce *marsh miasm* if burnt in any great quantity or frequency; and from his experiments also sublimed the splendid project of condensing sea air into solid cakes, by the pressure of thirty thousand atmospheres, of which ships could take a cargo to sea with them, and letting them off when required, thus never chance to be becalmed, but always have a breeze at their service. These, and many other great inventions, were the fruits of his indefatigable labours.

It chanced, one afternoon, that Mr. Snip-liver was prevented giving his usual anatomical lecture at two o'clock, in consequence (as the notice on the black board stated, which of course was correct), of a pressing and important operation with Sir Benjamin Brodie and Mr. Guthrie, upon a private patient. One general question immediately rose amongst the students who had assembled,—"What should they do?" Two or three, who were shortly going up, went home to fag, but the majority, including Mr. Spiff and his friends, recollected that several new men owed various *quencher*s for their first dissections, and it was consequently agreed that they should remain at the school and have them out. They therefore adjourned to their usual haunt—the dissecting-room; and collecting all the stools in a large half circle round the fire, they sent me out for the beer, as well as to purchase several bundles of sprats, which Swubs undertook to cook upon a gridiron of his own construction, ingeniously fashioned from some wire, which he untwisted from the ribs and jaw-springs of an old worm-eaten skeleton, that had hung in a corner of the room ever since the oldest of the professors had been a pupil there himself.

A goodly circle they formed when I arrived with the refreshments. Mr. Spiff was in the chair, supported right and left by Mr. Pepper and his brother. Swubs was seated on one side of the fire-place, broiling the "brown bait," as Macarthy called them, which last-named humorous gentleman established himself at the opposite corner, where he could blow the smoke from his short pipe up the chimney, like the fashion in an Irish cabin. Of course Okes, and Johnson, and Huggles, who had not passed at that time, were all there, as well as Mr. Funnell, who was "the nice man" of the hospital, and always wore light kids. He was not bad looking upon the whole, and delighted in rings and canes, with a large pin in his scarf, representing a bear climbing up a pole. Mr. Randall, the house-surgeon, also came over from the hospital, leaving word to the porter to come and fetch him if any accident came in, so that what with eight or ten other "beaux," there was a very fair muster.

For the first half hour all passed off quietly enough. Macarthy amused them with some of the most extraordinary lies ever invented, embodying descriptions of certain imaginary larks he had when he was an apprentice, and which he had told until he really believed that they were true. Several songs, of the class and order of those I have reported in the account of the Harmonic Meeting, followed, which were generally applauded, and Mr. Prodgers, a new man from the country, not being a vocalist, told a story, instead of singing, about some traveller's room at an inn, in the west of England, which nobody could recollect when he had finished, but which nevertheless Mr. Prodgers himself took great interest in relating, as he was totally unconscious during the recitation that Mr. Okes was engaged in filling his red Turkey cap that he wore when dissecting, with all the sawdust, cinders, and heads and tails of sprats that could be col-

lected. At last Mr. Pepper proposed my own health, and paid such high compliments to me, and passed such eulogiums on my conduct, both as a man and a dissecting-room porter, that I was obliged to return thanks; which it appears I did with remarkable success, if I may judge from the violent applause that arose, when I resumed my seat upon the edge of the macerating trough, into which I narrowly escaped being immersed, in endeavouring to avoid the blow which Mr. Swubs aimed at me with the articulated leg of the old skeleton, using it as he would have done a flail.

The mirth and noise gradually increased as the contents of the pewters disappeared. The choruses, which had been hitherto sung in something like time and tune, grew louder and more prolonged, until every one joined in at the pitch of his voice, with any particular air that came uppermost, after beginning the burthen of the song just as the singer had concluded it. Mr. Spiff took upon himself to conduct the orchestra, which he did with great satisfaction to himself, using a humerus as a baton; and Mr. Pepper kept up a pleasing accompaniment by rattling an *os calcis* in an empty quart pot. After this, three or four extremely timid men volunteered to sing all at once, and not being able to establish the rank of precedence amongst themselves, all began together, mingling in one general chaos, 'Who deeply drinks of wine,' 'The Pope he leads a happy life,' 'I remember, I remember,' and another peculiar air, of which all that could be distinguished were the words, 'artichokes and cauliflowers,' at certain periods. At last, to crown the whole, Mr. Funnell offered to jump Jim Crow on one of the dissecting slabs, a species of performance that at another time he would have considered "damned low." With some little difficulty he ascended, and began the first verse; but the moment he commenced to dance for the chorus, the whole of the assemblage struck up the same antics, some with pewter pots in their hands, others with bones, and others with the brooms or whatever they could lay hands upon, wheeling and turning about in every corner of the dissecting-room. No Indian war-whoop was ever so wild and frantic. After some little while Mr. Funnell, who was peculiarly excited, "did just so" a little too near the edge of the slab, which tipped up and shot him off upon the ground, fortunately without much injury to himself, and Mr. Spiff immediately seized upon his late elevated position, rendering the song more impressive by stamping violently upon the boards. The riot had reached its utmost height, when the door flew open with a swing that threatened compound dislocation to all its articulations, and with a countenance as pale as the cork of a bottle containing chloride of lime, Mr. Mulltest strode in the dissecting-room.

ROCKET.

(To be continued.)

CLINICAL LECTURE ON STATES OF THE SYSTEM WHICH RENDER OPERATIONS DANGEROUS.

Delivered by SIR BENJAMIN BRODIE, in the Theatre of St. George's Hospital, November 17th, 1840.

In my last lecture, gentlemen, I began to call your attention to those circumstances which render operations dangerous, and which you should take into consideration before you operate. I mentioned that there were certain states of the constitution which cannot bear slight injuries, much less the extensive one of an amputation. The first was that state in which a superabundance of lithic acid existed in the system, indicated by a copious red deposit at the bottom of the vessel, and the sur-

geon should endeavour to correct this state of things before proceeding to operate, for, in general, inflammation will come on in those persons after the most insignificant operation. The next persons I mentioned as being bad subjects for the knife, were those who had alkaline urine, for this state evidences great debility, and consequently their powers are incapable of repairing any extensive injury done to a part. Where albuminous urine existed, whether caused by a diseased condition of the kidneys, or by constitutional causes, I said that such a state of system was ill adapted for operations, and I verified this remark by some fatal cases which came under my notice. Habitual drunkards, I observed too, were frequently liable to diffused inflammation of the cellular membrane from the slightest causes, a scratch, a blow, or the sting of an insect. I spoke of the mode of correcting the acid state of urine by small doses of an alkali, neutralised after Sir Gilbert Blane's plan, by a vegetable acid. In addition, I may now mention that the alkali should be given some hours after a meal, otherwise it will neutralise the acid required for the process of digestion, and thus do harm instead of good; again, if an alkali be given in too great a quantity, the stomach will secrete more acid to neutralise it, and thus increase the state it was desired to correct. There is generally in those persons with an acid state of system, a costive state of the bowels. Mercurial purges are the best as acting upon the liver, and I am confirmed in this opinion by Dr. Prout; I have found, too, much benefit by alterative doses of colchicum. I believe I spoke of the attention which ought to be paid to the diet of these persons, who should avoid acid wines, fruits, and all fermented liquors. There is another state which makes patients very unfit for operations. My attention was called to it when I was house-surgeon of this hospital, by the case of a young man who had cut his throat, but not severely; for some days he seemed doing well, although he talked and rambled a good deal. One night the nurse found him breathing very hard, and before I could come the man was dead. Nothing could be discovered; but this patient being maniacal, this slight wound had the effect of destroying him. When a person's system is in a state of great excitement, he is likely to suffer from the slightest injuries. A man had abscess in the centre of tibia for some years, but it becoming tense, and having been exceedingly painful for some time, he was operated upon; from the moment however of the operation, he became excited; he had secondary hæmorrhage, which was easily stopped; the symptoms of excitement went on increasing until he became maniacal; the tongue remained clear and moist, the pupils were dilated and insensible to light, and he died in a state of traumatic delirium. A lady, very hysterical, had a painful ulcer at the back part of rectum; I recommended and performed the operation of dividing the sphincter muscle; not a teaspoonful of blood escaped, yet she fell into a state of hysterical fainting; when she recovered a little she had a small pulse, great difficulty of breathing, and she died without showing symptoms in proportion to the extensive disease which existed—viz., inflammation of the pleura and peritoneum, resulting no doubt from nervous excitement, for after injuries of the brain, inflammation of various parts is frequently set up. I could mention many cases which proved fatal from the patients at the time of operation being in a violent state of nervous excitement, and as the result of my experience, I should advise you never to operate when the patient is in a state of nervous excitement from mania, phrensy, or hysteria. Where, however, it is necessary

to operate, do not lower the patient, but put him upon a good and generous diet. Persons with organic disease of the lungs, liver, &c., are especially bad subjects for operations. But this does not seem to apply to the organ of circulation; for persons labouring under disease of the heart will frequently bear great operations without increasing the symptoms. I once operated upon a man for stone, and afterwards found out that he had extensive disease of the heart, yet this operation did not appear to augment his complaint. A man with diseased heart applied to the late Mr. Earle to remove a stone in his bladder; he had anasarca of the lower extremities, and Mr. Earle not judging it proper to operate, consulted me about the case; I too did not like to operate under the circumstances, but the man stating he would rather be operated on as the symptoms were urgent, it was performed, and he recovered. A lady applied to me with diseased breast which was a case for removal; she had diseased heart but this disease, instead of being aggravated, was rather improved by the loss of blood during the operation. I do not mean to say, that you should not take the disease of the heart into consideration, but that this should not prevent you operating. A gentleman had swollen testicle, and he was put upon a course of mercury, and then upon the iodide of potassium; these medicines not being efficacious, an operation was performed, and he died of gangrene. Since this case, I have avoided operating upon patients who are under a course of iodine, as in the case mentioned, the iodide of potash seemed to have been the cause of the operation proving fatal. The principal cause of the mortality of patients after operation arises from erysipelas and venous inflammation. It appears to attack those who have been kept low before the accident, or after the operation. One way to avoid the occurrence of inflammation is to avoid bleeding, purging, and starving, for to me it does not appear possible that a system thus reduced can repair a great injury. Since I have given up the practice of lowering patients before and after operation, I have not, decidedly, lost so many from erysipelas. It is right before an operation to give a mild purgative, so as to empty the bowels, but it is highly improper to give a violent purge so as to produce much watery evacuation, for this tends to reduce the patient greatly. After an operation, I generally give an allowance in proportion as the patient has lived before. I would not give stimuli to which he had not been accustomed in health. There are certain seasons in the year, especially the spring, when operations are more frequently followed by inflammation than at others. It is best under such circumstances to defer the operation a month or so if possible. What the cause of these periodical visitations is yet to be determined. Before terminating these observations, I would caution you against allowing much blood to be lost during an operation, for I have seen many cases where the loss of blood has been the cause of death. You may hear some say the patient is better for losing blood during an operation, but I have never seen it. In every case patients recover better when but a small quantity is lost during an operation. The hour has scarcely elapsed, but I will not proceed to-day with another subject; at our next meeting, gentlemen, we will consider the subject of mortification.

A. B.

Dr. P. Black, and Dr. Goolden have been appointed Physicians to the Dreadnought Hospital Ship, in the room of Dr. George Budd, who had resigned on his appointment to the Professorship of Medicine at King's College.

REVIEWS.

The Physiology of Blushing, illustrative of the Influence of Mental Emotion on the Circulation of the Blood, &c. By T. H. BURGESS, M.D. Pp. 202. Churchill.

THE title of this Essay is certainly a *catching* one, and does credit to the ingenuity of the *inventor*. It consists of three parts: 1st, 'The History of Blushing in the different races of mankind;' 2nd, the 'Anatomy of Blushing;' 3rd, 'The Physiology or Mechanism of Blushing;' and concludes with some general observations on the moral and physical treatment of Morbid Sensibility.

In the first chapter, entitled the 'Poetry of Blushing,' we are introduced to the sacred names of Homer and Sappho, of Ovid, Virgil, and Horace, of Tasso and Ariosto, of Zimmermann, Schiller, and Goëthe, and of the "impassioned Lamartine." The enthusiastic writer seems to revel over these hallowed names, as he draws on each for a poetic illustration of his subject; and his enthusiasm is as "catching" as his title. "What picture (says the author) can be more interesting than the virgin cheek in the act of blushing? The eloquent blood sympathising with every mental emotion, rising and spreading over the cheek,

—giving warmth as it flies
From the lips to the cheek, from the cheek to the eyes,

affords a beautiful example of that "harmonie poetique," which exists between the mental emotion and sympathetic system in man. Is it not interesting to analyze this *moral* passion alluded to from the earliest times to the present, in every novel, ballad, and romance, but explained by no one? Is it not interesting to inquire into the mystery of the existence of such a check upon the conscience, which tells man that he should not deceive his neighbour? This is followed up by a chapter on the Sensibility of Plants and Animals, to which succeeds another on the different races of mankind, including an interesting account of the peculiarities of the Negro and Albino, as regards the subject under consideration. As proofs of the incorrectness of the commonly received opinion of the Negro's incapability of blushing, Dr. Burgess deduces the following facts:—"1st, The dermoidal system *beneath* the colouring matter in the African's cheek, is permeated by thousands of capillary blood-vessels, and that it is not inferior in its organisation to that of the white, as can be proved by anatomical demonstration. 2nd, That it is more in the intellectual powers, than in the *moral* faculties, that this variety of the human race is inferior to the European. 3rd, That the rete mucosum, which is the seat of colour, is not reproduced after a breach of surface, and that the cicatrix in blacks is therefore white, which if situated on the face may be seen to *crimson* whenever they, the Negroes, are excited." The author states that he has seen a Negress who had one of these scars on the cheek, which invariably became *red* whenever she was abruptly spoken to, or charged with any trivial offence. He also says, that in ordinary cases when a Negro blushes, his cheeks become darker still than natural, which may be accounted for in the following manner:—"When the blood rises as far as the dark rete mucosum, in place of the redness becoming apparent, as it does in the white, now, from the dark veil placed before it, and through which it cannot pass, it only tends to render the surface of a deeper hue than before, for which purpose no colours are more adapted than black with a *red ground*; and M. Bielt observes, that the red tint which characterizes the exanthematous diseases 'in the Caucasian variety of man,' never exists in the Negro; in this case, on the

contrary, the black tint is more evident than before." (Page 33.)—The fact of the Albinos (who are almost invariably Africans) blushing, is cited as another proof of the Negro's capability of performing the same act as well as the white.—There is an instructive chapter on the reference which the subject of the work has to medical jurisprudence, and which the lawyers would do well to read, mark, and inwardly digest. Who will deny the accuracy of the following passage:—

In a foregoing page I have shown that there are many individuals who change colour without any apparent cause whatever, it being merely the effect of *inordinate sensibility*; therefore, were we to judge of its being, in such instances, the result of an infringement upon the moral or social laws, it would be extremely culpable, and would display a total ignorance of the laws of human nature. Yet how frequently do we hear learned counsel at the bar, by strong language endeavouring to excite the feelings of the accused; should any variation in colour take place, (and how often do the *innocent* turn pale or become suffused from the mere dread of the accusation,) the eloquent declaimer proceeds, exulting in the plenitude of his oral power, and the effect it may have produced, to direct the attention of the presiding judge and jury to the varying countenances of the excited and agitated prisoner—still vehemently appealing to their judgment if the fluctuating colour and trembling aspect of the face was not an illustration of remorse of conscience, and convincing evidence of the *culprit's* guilt.

The well known and characteristic blush of consumption is described by the author in a separate chapter, of which we intended giving some extracts had our limits permitted; but we find that we must here draw to a close our analysis of the "First Part," and proceed to the more scientific sections of the work.—After giving a resumé of the different subjects embraced in the foregoing part, the author thus introduces the second division of his interesting essay:—

I have now arrived at the second part of my inquiries, which I trust will appear still more interesting than the first; for as simple and commonplace as the act of blushing may appear to the general observer, we shall see that there are a multitude of actions and parts to be performed by our mental and physical faculties before it can be produced. I shall endeavour to demonstrate in this section, that there are a variety of parts to be engaged; that there is a chain of action to be set up between the sensorium and the heart, the minute blood-vessels and the nerves (sympathetic, spinal, and cerebral), before the slightest blush can be produced. I shall likewise endeavour to point out the wonderful harmony by which all those corporeal and intellectual functions are combined and propelled, and made effectual to the production of this single and beautiful result.

The different organs of the nervous and sanguineous systems are separately treated of in this part, and the author gives a fair and impartial exposition of the views of every writer of eminence on each of the subjects. The chapter on the "CAPILLARY CIRCULATION" is well worthy of attention.—The third section has evidently been considered by the author as the most important, and is that from which the work deserves its title.—The second chapter, on the "ANASTOMOSING OF THE NERVES," gives internal evidence that the author has sifted thoroughly that intricate subject, and entertains sound and original views on some of the most difficult points of human physiology. We do not agree, however, with some of his doctrines relating to the sympathies, and certainly think that he might with much advantage to himself, have been less free in his critical remarks; we allude especially to those which refer to the theories of Dr. Marshall Hall. The movement of the sympathies prior to the

act of blushing, and the mechanism by which that act is accomplished, are described in the following glowing terms:—

When the feelings are strongly excited, be it from shame or bashfulness, the *nervous balance* is lost in the cerebrum, and the involuntary powers of the mind gain the ascendancy over the will, and the agents of its volition. The first impression is decidedly made on the sensorium on the *mens conscia recti*, and affects it in some peculiar manner, the remote cause of which we are not as yet aware. The impulse given to the brain is now conducted thence in a comparatively slow degree, by the sympathetic circle along the thoracic cavity to the heart, stomach, and solar ganglion. The stomach is peculiarly influenced by the nervous circulation, which is, perhaps, owing to its vicinity to the union of the semilunar ganglia, independent of the impression conveyed to it by the *par vagum*, or eighth pair. It is here that indelible sensation is perceived which immediately precedes the blush, and that, as it were, gives the first alarm which produces the irresistible *drooping* of the entire countenance, just as the colour is rising upon the cheek; at the same time there is a fluttering sensation at the heart, and there seems to be a kind of momentary stagnation of the nervous influence in the præcordial region while these anomalous feelings are being excited. At the epigastric centre, the nervous impulse or *spiritus cerebri*, as Boerhaave terms it, seems to pause, until by repeated impressions from the sensorium, it becomes, as it were, overcharged with feeling, when suddenly there is an indescribable sensation of relief perceived by the individual, as if an oppressive burthen was removed. The partially restrained respiration becomes free again, which is announced by an almost imperceptible sigh, and now a peculiar glow is felt over this region, which is perceived gradually rising from the præcordia, not unlike the *epileptic aura*, through the chest and neck; an involuntary act of deglutition ensues, the heart still sympathising in the general emotion, and at length the flush bursts forth upon the cheek in a living blaze of blood; it is the lava of the heart, produced by an eruption of feeling now rolling through myriads of minute vessels that were hitherto invisible in the cheek. After the colour rises and spreads over the surface of the face, it is retained there generally for a few moments, oftentimes for several minutes, being regulated and entirely dependent on the impetus of the soul's emotion; when the interval of time mentioned has elapsed, the blush begins gradually to subside, and the manner and progress of its decline is not less interesting than that of its first production. But after the first visible declension of colour in the cheek, should any thought or expression again jar upon the conscience or sensibility, the same chain of action is again set up; the same impulse is again transmitted through the nervous circle; the same organs sympathize anew in the mental emotion, and blush follows blush, each deeper than the other, as often as the impression is repeated in the sensorium. The varying aspect which this waving or oscillation of colour produces in the human countenance, is truly wonderful—it forcibly proclaims the intensity of the internal eruption; and the design made manifest in every movement of the beautiful machinery which can produce these physical changes so rapidly in the human face, must convince every reflecting mind of the existence of a wise and bountiful Omnipotent.

This theory is certainly ingenious, and we received too much pleasure from the train of ideas engendered in our mind by the perusal of the foregoing passages, to attempt to subvert it by severe argument and closer analogy; we shall, therefore, leave the reader to enjoy, as we have done, in his next attack of *ennui*, the perusal of this unique production; and well may we exclaim with Boyle—"There is nothing unworthy of being investigated, that was thought worthy of being created by God."

The Governors of Middlesex Hospital have decided on having an Assistant Physician.

M. ORFILA AND TOXICOLOGY.

[Translated from the *Charivari* for the *Times*.]

No other chemist can approach M. Orfila in the sweetness with which he warbles a ballad. Toxicology and cavatinas are equally familiar to him: he is equally successful in administering poisons and striking the guitar. Two distinct individuals exist in the person of M. Orfila; he has two very different phases. From 6 in the morning till 4 in the afternoon, M. Orfila may be seen at the Ecole de Medicine, with his coat off, his throat bare, his shirt sleeves turned up to the elbows, a white apron before him, his hair the sport of the winds, cutting, slashing, emptying, jugulating, broiling, boiling, frying, hurrying from one furnace to the other, stirring the coals, overlooking the broth, and preparing nameless *ragouts*. To see him thus, reminds one of the witches in Macbeth, or of M. Montalivet superintending his horrible culinary messes.—At 4 o'clock, M. Orfila deserts his furnaces and washes his hands; doffs the white apron, and sacrifices to the neckerchief; assumes the sable coat, and, lo! the matutinal Orfila is no more. The chemist has vanished like a dividend. You seek a philosopher, and find an organ-stop; you ask for Orfila and are presented with Rubini. Oh, chemical prodigy! Such an existence is indeed to be envied. Admired by the men for his scientific attainments; worshipped by the women for his trills and shakes. No kind of success is beyond his reach. What do you desire, sir? Madam, what may you wish for? A lesson in the solfeggio, or a lecture on tartaric acid? Speak, I am ready to obey. His budget is of the most varied; from Dupuytren's method to that of La Brin villiers, it contains all.—At present we must confess that the scientific man is throwing the singer into the shade; chemistry is absorbing the aria. M. Orfila confines himself to the laboratory, and lives but on arsenic. The Muses are in mourning, and the barrel-organist wears a crape on his hat. Since the memorable *procès* of Tulle, since it has been audaciously asserted that M. Orfila's poison was contraband, and that his apparatus were mere playthings, M. Orfila's voice has ceased to be heard. His only lute is applied to his crucibles; his only songs are of death and vengeance.—Formerly M. Orfila was accustomed to give musical *soirées*, but now he only gives chemical *matinées*. He invites his friends and acquaintances to come and see one, two, and even twenty dogs killed under his auspices. The printed forms he uses are the same as formerly, except that he has substituted to the formula "a violinist will be present," that of "an animal will be poisoned."—The *matinées* of M. Orfila have met with the most flattering success. The doors are besieged by a turbulent crowd, and the tickets of invitation are sold at an enormous premium. We have seen a stool sold for 50 fr. The avenues of the Ecole de Medicine resemble those of the Opera on a long-expected first night.—Imagine a vast hall, plunged in semi-obscurity, containing 400 persons, motionless as statues, silent as death; to the left stand several furnaces, whence arise suffocating fumes; to the right a collection of queer-shaped instruments, unheard-of phials, tubes defying description; in the back-ground, against the wall, a kind of small Roman altar, on which is laid an unhappy dog, while beside him is an assistant in the character of sacrificer.—The dog is alive, and in possession of all his faculties, a fact of which we are soon convinced. M. Orfila pinches his ears, the dog barks; M. Orfila treads on his tail, the dog barks again and louder still. When all doubts as to his life and perfect health are thus removed, M. Orfila dexterously opens

his mouth, and with all imaginable precaution deposits a small quantity of arsenic on the animal's tongue. At this juncture the patient begins to howl, then to utter the most heart-rending shrieks, performs the most hideous contortions, and finally draws its last gasp amidst the clamorous plaudits of the audience. At other times the entertainments are varied. One of the dog's paws is cut off, and the bleeding wound sprinkled with poison; or perhaps an incision is made in his side, or his eye is poked out; in short, it would be an endless task to go through the list of diverting experiments with which M. Orfila delights an idolizing audience.—The number of dogs despatched in the course of the week by M. Orfila, is estimated at 149. All's fish that comes to his net, from the Newfoundland to the turnspit. He shows neither preference nor antipathy; whether the dog be dirty, aristocratic, old or young, blind or lame, it matters little. All quadrupeds are equal before Marsh's apparatus.

FOREIGN HOSPITALS.

HOTEL DIEU.—M. MICHON for M. ROUX.

Osteo-Sarcoma of the Lower Jaw—Amputation—Death from Nervous Exhaustion.—The operation was successful, and followed by no untoward symptom deserving of notice, but on the third day the man was a corpse. As no morbid appearances were found after death to account for that result, it was ascribed by the operator to exhaustion of nervous sensibility, from the intense and long-continued pain endured under the operation. Dupuytren, who had also noticed this kind of death after great operations, attended with pain of long-continuance, was in the habit of teaching, that pain exhausts "the sensitive capacity, and that a violent injury of the nervous system produces death."—It was remarked by M. Michon, that although the tongue, after ablations of the jaw, is sometimes drawn backwards so as to block up the aërial tube and produce suffocation, yet nothing of the kind existed in this case. Death was not preceded by symptoms of asphyxia. There were no signs of purulent absorption, nor was the wound inflamed.—The right auricle contained an ancient yellowish adherent clot, which passed into one of the venæ cavæ. Others were found in the left cavities, and also in the pulmonary veins, all which were supposed to be of long standing.—M. Velpeau recommends the sawing through the neck of the lower maxillary bone, by means of the chain saw, in preference to disarticulation, where the disease has not proceeded to that part, but in the present instance the cancerous affection of the bone had invaded the coronoid process, which rendered disarticulation necessary. The tumour occupied, on the one hand, the whole of the zygomatic fossa, and extended beyond the symphysis towards the other side. It bled constantly, as is usual in encephaloid masses, and after its ablation was found to consist of osseous cysts, with encephaloid substance filled with black coagulated blood.

Acute Osteitis—Fungous Synovial Membrane—Absorption of Cartilage—Destruction of the Circular Ligaments.—This was a case commonly called traumatic white swelling, and was occasioned by contusion of the knee-joint, extensive purulent collections extended downwards towards the middle of the leg, and the pus made its way upwards towards the trochanters in the intervals of the muscles. The patient had fever and diarrhoea to such an extent that he was considered to be unfit for operation, but attention having been directed to the collections of pus, and openings having been made in suitable situations for its drain-

ing away, the fever and diarrhoea diminished, and the general health improved so as to induce M. Michon to operate. As the accumulation of the pus in the thigh had been extensive, it was resolved to amputate near the trochanters. For want of precision in the compression of the artery in the groin, the hemorrhage was great, and the wound bled copiously during the day, but, notwithstanding these accidents, the patient on the following day was in excellent condition, and almost free from fever. On the third day the general health was considerably improved, and the man craved for food.—The amputated knee-joint contained much pus. The synovial membrane had been converted into a fungous substance. The articular cartilages were absorbed, and the circular ligaments were destroyed.—*Gaz. des Hopitaux.*

HOSPITAL DES ENFANS.—M. GUERSANT, Junior.

Deceptive Symptoms of Calculus in Children.—The little patient of the bed No. 30, in the Salle St. Come, has some signs of stone in the bladder, such as pain during the act of making water and afterwards, interruption of the flow of urine, but no calculus can be discovered by the sound. There is also a negative character in this child, the extreme smallness of the penis. M. Guersant remarked, that in calculous children the penis was in general proportionably larger than in others.—In a second patient, seven years of age, the child suffered great pain in passing the urine, and stamped its feet whenever he felt the desire of doing it. The sound detected no stone, but a rough surface on the right side of the bladder. By the introduction of the finger into the rectum, a calcareous patch was felt between the finger and the sound. The waters of Vichy were administered with complete success as to the removal of the pain from the flow of the urine, and the child left the hospital, but the calcareous patch still remained.—A similar case occurred, at the Hotel Dieu, under the practice of Dupuytren. A third child was sounded for supposed calculus; an irregularity was found on the left side of the bladder, which after death was discovered to arise from the adhesion of the appendix vermiformis, which during life was presumed to be a stone. On the day following the introduction of the sound, symptoms of peritonitis arose, which were promptly but ineffectually combated by leeches, mercurial ointment, blisters, &c., and the child in twenty-four hours was a corpse. Stercoral matter had been effused into the left iliac fossa, from a perforation in the appendix of the cœcum. The peritoneal cavity contained pus.—In a fourth case still under treatment, the child is supposed to labour under nervous affection of the bladder simulating stone. These complaints, says M. G., so accurately present the symptoms of stone, that the operation has been repeatedly performed to the great consternation of the most eminent surgeons in the French metropolis. One of the most distinguished hospital surgeons admits that he has performed lithotomy five times in these nervous affections of the bladder, and of course without finding the stone; moreover a physician of Paris was himself uselessly operated on under the same circumstances, who was afterwards cured by antispasmodics. The treatment pursued with his child consists of glysters containing fifteen centigrammes of camphor, and five drops of sudanum.—*Gaz. des Hopitaux.*

MEDICAL OBITUARY.

November 6th, at Belterbut, in his 45th year, of typhus fever, James Morton Williams, M.D., R.C.S., Ireland.—November 15th, Mr. William Itton, surgeon, of Royton, near Oldham.

FOREIGN SOCIETIES.

ANATOMICAL SOCIETY OF PARIS.

Cerebral Disease.—A man, 39 years of age, after a few days illness, died of cerebral symptoms, characterized by cephalalgia on the left side, agitation, and delirium. At eighteen years of age, after an attack of apoplexy, he remained insensible for fifteen days, and preserved a hemiplegia on the right side for eight months; at the expiration of that period, the paralysis diminished, with the exception of weakness in the parts, and the youth resumed his occupations. In his thirty-fifth year the apoplexy and paralysis returned, but disappeared in fifteen days, without leaving a greater weakness in the left side than before. Eight days before his death, he was received into an hospital on account of some disease which is not named, but the following is the account of the morbid appearances:—In the posterior and external part of the left cerebral hemisphere were found three small cysts, larger than cherry-stones, with dense and thick coats, containing a black, hard, dry, and friable matter, which M. Gerard ascertained, on analysis, to be nothing but blood. All round them, to the size of a large walnut, the cerebral substance was of a dark reddish yellow, and hard. Its section presented a radiated appearance. Thin laminæ, of a cartilaginous and almost osseous substance, were found in the centre, and round this alteration, which was the result of inflammation, preceded by sanguineous infiltration, round apoplectic cysts; the medullary substance presented a yellowish tint.

Pneumonia, Pericarditis, and Hemiplegia—Death.—The patient, 69 years of age, who was labouring under inflamed lungs and pericardium, suddenly fell into profound lethargy with hemiplegia on the left side—complete as to movement, but incomplete as to sensation. The jaws were greatly constricted, the head was bent and turned to the right without the patient being able to change its position. The eyes, whose pupils were dilated, were also turned to the right. The limbs were free from rigidity. Death occurred in twenty-four hours from the cerebral attack. At the surface of the left hemisphere of the brain, were a great number of red circumscriptions, others were a yellowish, and some of them manifestly swollen. They were superficially softened, and the pia mater in some parts brought away with it portions of the brain.

Perforated Intestines from Peritoneal Inflammation, apparently produced by Invagination.—M. ROGEE presented to the Society the intestines of a man who died from acute peritonitis. Independently of the marks of suppurative peritonitis, the small intestines were irregularly perforated in several parts, but the orifices were for the most part blocked up by the agglutination of other parts of the intestine—some of the perforations were large enough to admit several fingers. About four inches above the ileo-cœcal valve was found an invagination of the intestine, from the lower orifice of which came forth a large gangrenous portion, comprehending the whole thickness of a portion of the invagination.

Compression of the Brain from Injury during a fit of Epilepsy.—M. TAVIGNOT produced the cranium of an epileptic female, who, during a paroxysm, violently contused the left side of the forehead. She was stunned, but soon recovered her senses. The second day there appeared an ecchymosis of the eyelids and the conjunctiva, which might have been mistaken for a pathognomic sign of fracture of the base of the brain by *contre-coup*, had the blow been received on the vertex instead of the side of the forehead; the os malæ was fractured without separation of the fragments. At the end of thirty-six hours the intellects began to wane, the sensibility diminished without paralysis, and death occurred on the fourth day. There was no fracture of the cranium, but coagulated blood, and a considerable sanguine exhalation was found in the cavity of the arachnoid, on the side opposite to the contusion.

Ulceration and Œdema of the Glottis—Death from Suffocation.—This patient, who had laboured under acute laryngitis (which was relieved by the use of large doses of emetic tartar), was suddenly

seized with a fit of suffocation without any apparent cause, and she died three days afterwards. The mucous membrane of the glottis was ulcerated and œdematous, but its orifice was far from being completely closed. On this we may remark, that the spasmodic contraction might completely close the glottis as the immediate cause of death, but the spasm would cease with the vitality of the patient. During the paroxysms of suffocation, the respiratory murmur was still heard throughout the whole chest, which was considered to indicate that the obstacle to the ingress of air into the lungs was not complete. Tubercles were disseminated in the lungs, and a cicatrix existed upon the summit of one of them.

Diseased Temporal Bone and Seventh Pair of Nerves—Paralysis of the Face.—M. MASCAREL presented to the society the temporal bone of a patient who had laboured under purulent discharge from the left ear, with incomplete deafness. At length the muscles of the face on the same side were paralysed as to motion, but the sensibility of the face was preserved, neither was the velum palati, nor the tongue affected. On examining the temporal bone, three of the little tympanic bones were destroyed, the stapes were alone preserved. The membrane of the tympanum was torn, and its cavity was filled with thick and healthy pus, which passed also through the Eustachian tube. The facial nerve, near the fenestra ovalis was softened and red, breaking under the finger with the slightest pull upon it. On each side of that point its structure seemed unimpaired. Pus was found in the mastoid cells, together with a certain number of little, round, almost microscopic bodies, friable, yellowish, and somewhat resembling concrete pus. No tubercles were found in the interior of the bones, but the patient is said to have died of tuberculous affection, without the seat of the tubercles, or the symptoms of the disease having been defined by the report.

Fatal Disease of the Heart and Aorta.—The patient had laboured under an affection of the heart for twelve months; the præcordial region was vaulted, and its pulsation was manifest to the eye. Extensive *matite* was found on percussion—a bilious sound with metallic tone, and a vibratory sound like the purring of a cat, were heard on auscultation. The heart, after death, was found to be voluminous, and the aorta dilated and filled with cretaceous concretions. One of the sigmoid valves had granulated, and was almost ossified. The left ventricle formed the chief part of the hypertrophy, both by the increase of its substance, and the dilatation of its cavity. There was no stricture of the aorta.

Tuberculous Kidneys and Bladder—Alkaline, Purulent, and Sanguinolent Urine.—M. LACOMBE exhibited two kidneys of a man, thirty-three years of age, who had died with tuberculous excavation of the lungs. He had suffered pain in passing his urine, which had generally been alkaline and alternately sanguinolent, and mixed with pus. The presence of albumine was never detected, excepting what was contained in the blood voided from the bladder. One of the kidneys was found atrophied with obliterated ureter, and the other was enlarged. The pelvic membrane of the atrophic kidney was tuberculous, and its cavity contained pus and crystals of ammoniaco-magnesian phosphate. The right kidney, which was the enlarged one, contained tuberculous matter. The mucous membrane of the calices and of the renal pelvis were inflamed. The bladder, which was rugous and horny, contained several tuberculous ulcerations, and the lungs were excavated from the same cause. The tuberculous diathesis did not extend to the other organs.

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PROFESSIONAL SKETCHES.

DUB-STAMP DOCTORS.—NO. III.

HAD not the Apothecaries' Act of August, 1815, and July, 1823, been passed, the country towns would have been choked up with *Counter-Druggist-Surgeons, Grocer-Surgeons, Weaver-Surgeons*, and quid nons, converted into DOCTORS by these vile Dub-Stamp, although a doctor muffled up in one of these calves-skins is no more a physician than an ass in a lion's skin is the reality of the monarch of the woods. But it may serve at least for the materials of a tailor's measure. It is a disgraceful circumstance that it has happened in England only that astutes and quacks, apothecaries and druggists, have so taken their degrees in physic at will, behind their respective counters, and usurped the province of the regular physicians and surgeons.—Is it not the fact that the Old Lady in the west, (the London College of Physicians,) has heretofore admitted the venal diplomas of Aberdeen and St. Andrew's as qualifications for their examinations and licenses? If so, in the very face of their "Statuta Moralia," is it not a scandalous abuse? Aberdeen and St. Andrew's were professedly reformed, but justice should have gone one step farther. The thriving ready-money trade by the sale of diplomas should not only have been abolished, but they ought to have been deprived evermore of the right of issuing degrees at all. They should have been visited with high displeasure. They carried on their vile traffic for many years, as the last unprincipled resource of superfluous schools in a state of beggary; they poured a sable stream of pollution and ignominy into the profession. How the abomination could be suffered to endure so long in a country of law, was astonishing.* The poor and secondary faculties of France sold diplomas like Aberdeen and St. Andrew's for want of students, until the dissolution of the old medical colleges and corporations in 1793, since which it has not been permitted. Molière rendered the profession in France great service, by exposing "Mock-Doctors."—The humorous Guy Patin recommended the people to employ horses for their physicians, and asses for their apothecaries! The preference of those quadrupeds would certainly be safer than employing *fellows* who have procured their diplomas in this manner, as family physicians, surgeons, and druggists. A respectable practiser, says, (in the 'London Medical and Physical Journal,' vol. xii, pp. 162, 172,) "that a *young weaver* in his neighbourhood, who left the loom, and went to London for five months, came into the country, got a

practice, and *bought a degree!*" He says, "Let them be pointed out as impostors of a double dye: an impostor, who claims a title at his own hand may perhaps be excused, but the men who falsely obtain, and those who falsely confer the solemn sanction of an university, are certainly the most abandoned. The degree of an university should be sacred to merit. When a man assumes the *title* of physician, the people *naturally confide* in his knowledge and abilities; but, when with this, he publishes the *sanction* of an *university*, their *faith* becomes *stronger*. What must be the result of this confidence in the case of a man *destitute* of knowledge? It is like committing the charge of a ship in this most critical situation, to a man who has never handled a rudder, nor seen a compass." The fact is, that Dub-stamped doctors, "never within smell of Auld Reekie," as Beddoes says, is about equivalent, with a few exceptions, to RANK QUACKS! Dr. Thompson, physician to Frederick Prince of Wales, a very able Reformer in the 18th century, says, "It is related in a certain foreign country, after the *public executioner* has dispatched a certain number of *patients* in this way, he is entitled to the degree of *doctor*. If physical executions in this country were rewarded with the like honourable mark of distinction, who could presume to dispute the validity of these gentlemen's title to the diploma? But if learning, experience, judgment, and a liberal education, are necessary ingredients in an able physician (!), it is to be feared they might find *some small difficulty* in producing *satisfactory* testimonials of their qualifications."—The supporters in the armorial bearings of the Aberdeen and St. Andrew's gentry, were very humorously and pointedly typified by Dr. Chalmers, the Scotch Hogarth, as SKELETONS robed in *black gowns*; and hair full dressed, holding a scythe, and saying, "DEGREES, male and *female*, in medicine and *midwifery*, sold here for ready money!"

COLLEGE OF SURGEONS.—To elect Mr. Lawrence to the Examinership, three senior members of the Council, Messrs. Copeland, Howship, and Briggs, were passed over. This has given rise to much discontent, and rumours of resignation have been heard. There can, we think, be little doubt as to the relative amount of talent possessed by the parties. It might, however, be asked—Who were the members elected to keep Mr. Lawrence out? and what has brought such "change o'er the spirit of the dream?" A seat in the Council is said to produce only about twelve guineas a year, an Examinership from two to three hundred.

We perceive by advertisement that sixpence is offered for each successful case of Vaccination—this is dealing directly with the medical profession, and we shall see how promptly they will put in proposals!—*Wexford Conservative.*

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE EYE.

THE EYEBROWS AND EYELIDS are subject to wounds, to inflammation which terminates in abscess, and to the occurrence of tumours of various descriptions. The treatment of these several affections comes under the general principles which have already been explained. I need not, therefore, say anything further on it.

CATARRHAL INFLAMMATION OF THE EYE AND EYELIDS frequently occurs, produced by the same causes that give rise to catarrhal inflammation of other mucous membranes, the attack being seated in the ciliary margins, in the mucous membranes which line them, and in the glandular bodies which form part of their substance. In this affection, the edges of the eyelids become, in the first place, red, hard, and extremely painful. The mucous surface of the lids is unnaturally red and vascular, and it assumes speedily a thickened and villous character, resembling, when the lids are inverted, nearly the appearance of red velvet. The pain in this affection is very considerable, particularly when the lids are moved, for then the inflamed surface rubs against the globe of the eye, and if the membrane covering that is also inflamed, which is not unfrequent in these catarrhal affections, the pain is so severe that the patient keeps the lids closed, and carefully avoids all attempts at moving or opening them. On the inside, a feeling of stiffness and dryness is experienced, as if the lids would not move easily over the globe; for the secretion of the mucous membrane is, in the first instance, suppressed; but that uneasiness soon gives way, because the secretion is in fact increased in quantity, and becomes somewhat altered, assuming an opaque whitish yellowish appearance, approaching to that of a purulent fluid. The glands which are situated on the external surface of the inflamed membrane, participate in the inflammation, and the secretion from them is either suppressed or altered in its quality, so that the edges of the lids become agglutinated during sleep, occasioning considerable difficulty in opening them when the patient awakes in the morning. Such are the symptoms of the early inflammatory stage; and as to the *treatment*, you will see that these affections must be combated by antiphlogistic measures. Apply leeches to the eyelids, and lotions and mild unctuous remedies to the margins of the lids at night, to prevent them from sticking together, resorting also to such internal means as the state of the patient may require.—This complaint being frequently neglected in its early stage; passes into the chronic state. The swelling and redness of the lids abate, but there are considerable pain and itching in the ciliary margins, and the edges of the lids agglutinate at night. In consequence of the increased quantity of mucous secretion from the inflamed membrane, and the greater thickness of that membrane, the edges of the eyelids become incrustated—there is a thickened incrustation about the cilia which unites the lids very firmly during sleep. The symptoms which attend this affection very commonly become worse in the evening. When the patient employs the eyes by candlelight, or sits by the fire, and reads or writes, he finds that the pain and inconvenience are very considerably aggravated. Though he may have been considerably easier during the day, he will find a good deal of pain, itching, and inconvenience, in the evening. Frequently you will find a patient with a sense of heat, itching, and soreness about the edges of the eyelids, and aggravation of the uneasy sensations towards night, where there is very little increased vascular disturbance beyond a slight redness about the lids. Some-

* The clause prohibiting the killing of game by virtue of these diplomas, (referred to in the 'Medical Times,' No. 57, p. 37) may be found in some of the Law Reports, whence we took it.—*Asclepiades.*

times, indeed, you meet with instances in which the patient experiences a sense of dryness and stiffness on moving the lids, without any other kind of inflammation than that of the mucous membrane; this is the state which has been called

PSOROPHTHALMIA,—more particularly in consequence of the itching sensation which accompanies it. The term is not to be understood as indicating that this affection at all partakes of the nature of *itch*; the eyelids and the eyes do not seem to suffer in consequence of that cutaneous disease; indeed it is well known that the itch does not usually attack the head or face. The term psorophthalmia is only to be considered as denoting a chronic affection, attacking the mucous lining of the lids or palpebræ. In instances where inflammation of the palpebræ has frequently occurred, more particularly in old persons, and those in whom the skin is very thin—in whom the margins of the palpebræ have become much attenuated and very red, the hair of the palpebræ is lost, so that the edges of the lids have a rawness, which extends to a considerable distance, presenting a very unpleasant appearance; this is particularly the case with respect to the lower lid, the whole external surface of which is sometimes raw and excoriated. This state occurs very frequently in old persons, particularly where the eyes have been exposed (in consequence of the situations in which the parties live) to smoke or acrid vapours, and where the individual too often excites the mucous membrane of the alimentary canal by unwholesome food. This state is called *lippitudo*—a term not denoting any definite disease, but merely the excoriated and raw state of the eyelids consequent on repeated inflammation of those parts.—**Treatment:** In the case either of psorophthalmia, or lippitudo (which are merely chronic forms of one and the same affection), we must, in the first instance, if there be any appearance of active inflammation, adopt the means which are calculated to remove that; the most successful mode of treatment consists in the application of mild stimulating and astringent remedies to the surface of the eyelids. These have the power of bringing the excoriated mucous margin of the eyelids into a better state, and also of exciting a more healthy secretion from the meibomian glands, and will very speedily restore the edges of the palpebræ to their sound and natural condition. They are most conveniently applied to the edges of the eyelids in the form of ointment, and that form which is most frequently employed, which perhaps is found to be most beneficial, and the use of which will nearly supersede any other remedy, is the unguentum hydrargyri nitratis. This may either be employed of its full strength, or in a weaker form, by adding an additional quantity of the spermaceti cerate; I think it is better to use this of the full strength, if it is applied to the edges of the lids by the surgeon himself, for he takes care to touch only the diseased membrane, the excoriated surfaces, or those margins on which unhealthy secretion lodges. For this purpose a small camel's hair pencil must be employed; the ointment being softened by the fire, a small portion of it is taken upon the pencil, and slightly carried along each lid, using only a very small quantity, and taking care that none comes in contact with the mucous lining of the eyelids, so as to touch the eye itself. The application of this ointment produces a rather warm and uncomfortable sensation of the eye, and perhaps a slightly increased secretion of tears, but those pass off, and the eyes are comparatively easy. If, however, any of the ointment gets to the surface of the eye, it produces considerable excitement, for it is an active stimulus. When, therefore, it is to be applied by any other person than the surgeon himself, it is better to use it in the milder form; let it then be reduced, by adding about two-thirds of simple cerate. The red precipitate ointment may be employed in the same manner, but it must be of a less strength than is directed in the London Pharmacopœia; about one-half of that strength will be quite sufficient, applied to the edges of the lids in the same way. Other forms of ointment have also been used, but I fancy they are either inferior in their efficacy, or do not possess any superiority over those to which I have alluded. The ointment of tanin (containing tutty powder, Ar-

menian bole, and white precipitate) has been recommended. There is another quack medicine which passes under the name of *golden ointment*, consisting principally of red precipitate, with the sulphuret of arsenic, which gives it a yellowish colour. The effect which is produced in the eye by alteration in the state of the meibomian secretion, is often more considerable than you would at first be inclined to suppose. The inconvenience which is produced by the change of its quality, is not confined simply to the agglutination of the palpebræ during the night, or the uneasy itching sensation felt at other times, but the white concrete sebaceous substance which it presents becomes spread over the surface of the eye, renders the cornea dull, and obscures vision to a considerable degree. I have seen patients who, from this circumstance, have been under the impression that they were losing their sight; but on examining the surface of the cornea it was easy to see that it was only smeared over by the unnatural secretion I have mentioned, and that vision was interrupted in the same manner as light is obstructed when passing through a dirty pane of window glass.—Children are subject to inflammation of the edges of the eyelids, in which there is swelling, increased redness, and great pain of the part, as I have already described, and in which the edges of the eyelids become agglutinated together during the night. But further, we very frequently find in them that along the inflamed thickened margins of the eyelids a series of small ulcers, not unlike the pustules that take place on the scalp in porrigo, is formed round the orifices of the cilia, and this has sometimes been called

TINEA OF THE EYELIDS.—These ulcerations produce thin, transparent, yellowish, glutinous matter, which incrusts into scales round the roots of the cilia, and sometimes extends along its whole margin.—**Treatment:** This affection, in its active state, must be combated by suitable antiphlogistic means. When the inflammatory symptoms are gone by, we must employ local stimuli and astringents of the qualities I have mentioned. When the disease passes into a chronic stage, it often produces considerable thickening of the edges of the lids, elevations of their margins, and numerous yellowish crusts formed by the secretion of the small ulcers that cover them. Under these incrustations the ulcerations extend, and loosen and disturb the cilia, so that when you come to separate the scab from the edges of the lids, you find a number of the cilia coming away with them. When the affection has arrived at this stage, your best way will be to remove the incrustations and extract the whole of the cilia with a pair of forceps. The cilia which become loosened by the progress of ulceration are never reproduced; but those which are not yet loosened, and which you take away by force with the forceps, will be reproduced. When you have thus cleared the lids, you will gently touch the surface with the nitrate of silver, not applying it freely or copiously, but merely touching those parts of the lids which are the seat of ulceration. You may repeat this once in the course of two or three days, and in the intervals between this application, smear the edge of the eyelids once or twice a day with the ungt. hydr. nitrates, as I have already described. In this way you will find, that although the affection may have proceeded so far as to cause great thickening, with irregular tubercular elevations of the surface of the eyelids, that the disease will be speedily removed, and although the cilia which have not been taken away by force, are actually lost by the extension of the ulceration to the bulbs, and others thus do not admit of reproduction, yet they will be reproduced, and the natural appearance of the organ, in a great measure, restored.

It not unfrequently happens that the lids become either inverted,—turned inwards, so as to press unnaturally on the globe of the eye; or everted, that is, their edges are turned outwards, so as to expose, in an unnatural manner, the internal surface, or the mucous lining of those lids. The former is called *entropium*, inversion of the eyelids; and the latter, *ectropium*, eversion of the eyelids.—**ENTROPIUM** occurs in rather elderly persons, apparently from the loose state of the skin of their eyelids. You are aware that in elderly persons

the skin loses its natural tension, and falls into folds, particularly about the eyelids. If we may use the expression, the skin seems to become *too long* there, and the consequence is that the lids turn, or roll in upon the globe of the eye.—**Treatment:** If you take hold of the lids with a pair of forceps, and draw up the roll of the skin, you will find that the palpebræ will fit properly to the globe as before; and if you cut away a portion of this redundant skin, and unite the edges by sutures, you will find the disease effectually removed. This is an instrument called the *entropium forceps*; it consists of a pair of forceps with two horizontal blades, by which a fold of the integuments can be taken up, when, with a knife or pair of strong scissors, you cut away the portion of the skin and unite the edges of the wound by sutures, which you can remove at the distance of twelve or twenty-four hours, at which time the wound will be united. By means of an instrument of this kind you can measure exactly the quantity of integument necessary to be removed, in order to bring the eyelid into its proper shape; you take up a certain portion of the integument, and then see whether the lid fits properly to the globe or not. Having got the required portion, you then cut as I have stated; if you find the lid still a little inverted, then take up a little more, and remove the part in such a manner that the inferior edge, supposing you were operating on the upper eyelid, comes near to the cilia. You would be surprised to see how broad a piece of the skin it is sometimes necessary to take away in elderly people for the cure of entropium. I have sometimes taken out a portion, which, when measured, has been an inch and upwards in breadth, and yet that has not been more than enough to counterbalance the tendency of the skin to turn inwards.—If the complaint have lasted some time, and in addition to the mere inversion of the lid consequent on the loosening of the skin, there be some unnatural disposition of the tarsal cartilage to turn inwards, you may find it necessary to do something more; that is, it may be necessary to remove a few fibres of the orbicularis palpebrarum. After cutting away the skin, you take up a few fibres of this muscle and remove them, so as to form a firmer cicatrix, which will be fixed to the tarsal cartilage. In this way you will generally be able to remedy entropium, or inversion of the eyelid.—There are other cases which do not depend on a loose or redundant state of the integument, but on the unnatural direction and change of the tarsal cartilage, where the edge of the lid has been frequently the seat of inflammation. The cartilage becomes altered in structure; it becomes contracted, so as to press unnaturally upon the surface of the globe of the eye. It appears as if the cartilage were too short, as if it were confined to the angles of the eye, for if you make a slit at the angle, the edges of the wound gape asunder, and the cartilage no longer presses on the eye. There is a kind of induration, an unnatural tenderness of the tarsal cartilage, produced by repeated attacks of inflammation, and at the same time a disposition to turn inwards and press upon the globe. The inconvenience which the patient suffers is here much more considerable than in the other case, for it is generally accompanied by the direction of the cilia immediately upon the eye. In the eversion which takes place from the mere looseness of the integuments, the lid forms a roll on the anterior part of the eye; but in the eversion arising from the altered direction of the edge of the tarsal cartilage, the cilia are generally directed immediately against the globe of the eye, so that the inversion is complicated with what oculists would call

TRICHIASIS,—meaning an unnatural direction of the cilia, which are turned against the eyeball. The pain and inconvenience occasioned by this affection are extremely severe. In every movement of the globe, the eyelids rub against the extremely sensitive surface of the cornea and conjunctiva, giving the patient the most acute pain, preventing him in many cases from using the eye at all, inducing him to keep the eyelids constantly shut, and to avoid all circumstances that produce motion of the lids and globe.—The direction of the cilia against the globe produces in the first place inflammation of the external surface of the eye,

and its continuance causes mechanical obstruction of vision, deposition into the surface of the cornea, and opacity; if the affection continue, this deposition becomes so considerable, that the surface of the cornea is rendered opaque, and after a time the patient becomes actually blind. If the affection be not remedied, the constant friction of the inverted cilia at last produces such a change in the structure of the cornea, and diminution of its sensibility, that it acquires a leathery texture externally; it loses, in a great degree, its natural sensibility, and the patient at last, with the loss of sight, is in some measure relieved from the very severe sufferings which attended the early period of the affection.—*Treatment*: This is an affection which cannot be relieved by simply removing a portion of the skin, nor even with the additional process of cutting away some fibres of the orbicularis palpebrarum; the effect of the cicatrix thus formed, is not adequate to counteract the disposition of the altered tarsal cartilage to turn inwards. Various means of relief have been proposed, but, according to my own experience, the most effectual is at the same time the most simple; it consists in the extraction of the inverted cilia and their bulbs. In this way you entirely remove the source of mechanical irritation to the front of the eye. If the whole of the cilia be turned inwards, you make a horizontal incision (supposing it to be an affection of the upper lid) parallel to the ciliary margin of the eyelid, and passing at least the eighth of an inch above the edge of the lid; you then proceed to cut off as much of the thickness of the ciliary edge as will include the bulbs of the cilia; and if you take away the external two-thirds of the ciliary margin to the extent of the eighth of an inch upwards, you will find that the whole of the bulbs of the cilia will be removed, and that there is no fear of the reproduction of the eyelashes.

You sometimes have the cilia directed inwards against the globe, without any alteration in the general adaptation of the lid; that is, you have a case of trichiasis simply, without inversion of the lid itself. In this case the affection extends only to a certain portion of the cilia. You may have an ulceration taking place on the internal surface of the eyelid, and the cicatrix of such ulceration may draw certain portions of the cilia inwards, and occasion them to press against the globe. Sometimes, without any very obvious cause, you may find one or two cilia directed perpendicularly downwards or inwards against the globe on every motion of the eye; and if even a single eyelash has this wrong direction, it occasions the greatest pain. The patient is continually putting up his finger to get rid of this apparently foreign substance. A considerable imperfection of the sight is produced by it. I have seen individuals who have undergone very serious treatment, under the idea that they have amaurosis, when, on very carefully examining the eye, I have found a single eyelash (and sometimes you may have one so light in colour as to be almost transparent) turned directly inwards, and pressing against the globe. The simple removal of an eyelash under such circumstances, liberates the patient from all inconvenience.—In the case of trichiasis, the cure is either palliative or radical. The palliative cure consists in removing the eyelashes that press against the eye, in drawing them out, which can be done with a pair of forceps made with broad ends. You can easily do this, but you find that the cilia are very quickly reproduced, that the inconvenience soon recurs, and that you are obliged to have recourse again to the same mode of relief. It is in the case where there are several cilia turned inwards, and where the patient gets tired of submitting to the repeated inconveniences produced by them, that you find it necessary to have recourse to the proceeding I have mentioned. In cases of obstinate inversion, it is necessary to dissect out a certain number of the cilia with their bulbs; the operation is very likely to answer where there is a partial trichiasis.—You will find mention made of cases where there is an unnatural internal row of cilia produced from the edge of the eyelids—a row beyond the natural and ordinary one; a case of this kind is called *distichiasis*, which merely means a *double row*. You see cases where you have an internal irregular row of cilia coming out

from the ciliary margin of the eyelid close against the eye; and there are some instances where, instead of having merely a double row, you have a considerable addition, not merely presenting two rows, but also an additional formation on the internal surface of the lids, which presses against the surface of the eye. These are only to be remedied by extraction of the cilia and their bulbs.

In the case of *ECTROPION*, the ciliary margin is drawn *outwards*. It is very seldom seen in the upper lid, but is almost invariably an affection of the lower, and there the ciliary margin is drawn downwards and outwards, so that the mucous membrane is exposed to view. Obstinate cases of lippitudo in old persons are frequently accompanied with ectropion. Where the edge of the lid has been excoriated, and that excoriation has extended to the common external integuments, the edge becomes shortened, and is drawn downward. In cases of burns, the cicatrix that follows will depress the edge of the lid and turn the mucous lining outwards, so that it will be exposed to the air and the contact of foreign bodies. When this is the case, it becomes thickened, and forms a kind of fleshy prominence on the surface of the lid, which sometimes acquires an almost insensible callous surface. Occasionally, in recent cases, you see the mucous lining of the lid nearly in its natural state, and hence has arisen the distinction between the *ectropium simplex*, and *ectropium sarcomatosum*—simple ectropion and fleshy ectropion, or ectropion with a fleshy growth.—When the eyelid has been long everted, the cartilage constituting its tarsus becomes elongated, so that if the lid were restored to its natural form, and you could bring it again into contact with the surface of the eye, it would be found not to fit exactly, being rather longer than sufficient to fit accurately to the surface of the eye.—*Treatment*: In these cases of ectropion, it is found advantageous to dissect off from the exposed surface of the eyelid the thickened portion of its mucous membrane. The cicatrix which is thus formed, tends to draw the margin of the eyelid upwards, and bring it back into its natural position.—Where the tarsus has become preternaturally elongated in consequence of the long continuance of the complaint, it has been proposed (and the proceeding has been sometimes advantageously adopted) to cut out a portion of the shape of the letter V. You take out the requisite portion of the cartilage, bring the edges of the wound together, and unite them by sutures; the lid will then fit properly to the surface of the globe again.

I have mentioned that the eyelids are subject to the formation of *TUMOURS*, in the treatment of which we are to proceed on the same principles as in the case of tumours situated in other parts of the body. There are, however, some tumours occurring about the eyelids, which are peculiar to that situation; and it is the more necessary for me to mention this, because if you were to treat them according to the principles there laid down in some books, I think you would very often be considerably embarrassed. I have found it stated in books on this subject, that when tumours form on the surface of the eyelids, and become troublesome from their bulk or other causes, you must make an incision through the surface of the eyelid, expose the tumour, dissect it out, and so remove it. Now the majority of these tumours derive their origin from the tarsal cartilages, and I give them the name of *Tarsal Tumours of the Eyelids*. If, therefore, you were to proceed by making an external incision, dissecting down and taking them out, you would find that you would cut through the tarsus, and make a button-hole in the eyelid. You cannot dissect them away, they grow so entirely from the tarsus. You must either cut through the tarsal cartilage altogether, or dissect them off the cartilage. Sometimes those small tumours which make their appearance externally, arise from chronic inflammation, perhaps, of a meibomian gland, which proceeds to suppuration, but the tumour arises with much tardiness, and the matter is formed very slowly.—*Treatment*: You invert the eyelid, in the case of a small, red, slowly-formed tumour upon its surface; you will find a mark on the internal surface of the lid, showing you the situation of the tarsus from which the tumour proceeds.

The mode of proceeding in such a case, if the tumour be of size sufficient to cause inconvenience, is, to invert the lid, and make an opening at the point where you find the tarsus is rendered thin by the circumstance of the tumour growing from it externally. You will then find, that in the chronic state matter escapes from the opening, and that it is not necessary to make any external opening. In a great number of cases, the tumours which are thus formed do not exhibit a red appearance on the surface. You see a small elevation arising, either on the upper or lower lid, and sometimes on both; this gradually increases in size; the integument above is moveable, the skin slips easily over it; it grows slowly, and when you invert the lid, as in the instance of chronic abscess, there is an impression observable on the internal surface, showing that the tarsus has been rendered thin at one part, and pointing out the spot at which the basis of the tumour is attached. In these cases then, generally, supposing you do not know exactly of what the tumour consists; if it have acquired a size by which the patient is inconvenienced or annoyed, and (particularly when it occurs in females, with whom a tumour of even the size of a pea, situated in that part, detracts considerably from personal beauty) the mode of proceeding is, to invert the eyelid so as to expose the internal or mucous surface, and then in making an opening with a lancet or double-edged bistoury. In such instances you will sometimes find, where you did not expect it, that pus escapes; a fluid will come out like the white of an egg; or there is, perhaps, scarcely any fluid in the tumour, which seems to be composed of a thin easily broken down vascular texture. After you have made the opening, introduce a probe, and move it about so as to break down the substance; the cavity then gradually fills up, and the external tumour shrinks, and, in a short time, disappears. In some instances, where no fluid escapes, you may, perhaps, find it as well, particularly if the tumour be large, to make two small punctures on the inside of the eyelid, meeting at an acute angle, cutting off the little piece of tarsal cartilage which you thus expose, with a pair of sharp scissors. You thereby produce a permanent opening, and the wound is so circumstanced, that granulations of the surface must necessarily ensue. By one or other of these proceedings, you will find that you can always very easily get rid of those tarsal swellings. The mode of proceeding is one of so simple a kind, that it is accomplished in about a minute, with hardly any pain to the patient, while, if you were to cut through the external surface, and the fibres of the orbicularis palpebrarum, and dissect out the tumour from the outside, a painful and troublesome proceeding would be engaged in, and the whole of the tumour would not be cut out, so that if after having finished, the patient were to ask you to let him see what had been removed, you would have hardly anything to show. In fact, such an operation is totally unnecessary.

PTOSIS.—The upper eyelid sometimes *droops*, and cannot be elevated by the ordinary voluntary exertion. The patient cannot expose the globe of the eye by the elevation of the upper lid. This has been called *ptosis*, or falling of the eyelid. There are instances, in which the upper lid droops and falls over the surface of the eye, in consequence of great distension and serious inflammation; this effect is generally removed by the natural recovery of the lid from the inflammation; but the cases to which I now allude, are instances in which there has been no previous inflammation of that part, no swelling, no increase of its bulk, but where the affection arises from want of power in the levator muscle; it is, in fact, a partial paralysis—a paralysis of the small muscle that should elevate the lid—the *levator palpebræ superioris*. This is, in fact, a paralytic affection, and it is to be treated as such.—The *cause* is not to be found in the eyelid itself, but in some affection of the sensorium; and the *treatment* will consist in the employment of such means as are calculated to relieve the sensorium.

It is much more rare to see a case in which the eyelids cannot be closed, from *Paralysis of the Orbicularis Palpebrarum*. All the instances I have seen of paralysis of the orbicularis palpe-

brarum, have proceeded from affection of the nerves of the seventh pair—the facial nerves. It has happened in various instances, in the performance of operations near to that part at which the trunk of the *portio dura* comes out,—as in the removal of tumours situated near the inferior extremity of the parotid gland,—that this trunk has been divided, or a portion of it removed, and that paralysis of the orbicularis palpebrarum, and inability to close the lids, have followed as the consequence. I have seen instances of that kind, where patients, even for a number of years, have not been able absolutely to close the lids, the globe of the eye being at no time completely covered. I have seen a number of these cases, and have found the affection attended with no serious consequences so far as the eye is concerned. Patients seem to acquire a power of turning the eye upwards, so that the cornea is completely covered by the superior palpebra, and, although the power of actually closing the eyelids is absent, yet a certain degree of approximation can take place. I believe too, that in course of time the inconvenience is somewhat diminished, so that the eyelids are ultimately brought nearer together than they were in the commencement. At all events, I know that the inconvenience is limited to the serious circumstance of inability to close the eyelid accurately, and that the eye itself does not suffer in any material degree.

POISONING BY THE VAPOUR OF AMMONIA.

A CARBOY of liquid ammonia exploded by expansion of its contents, from being left in the warm atmosphere of a chemist's shop, instead of being conveyed into the cellar, as is usually done. The assistant, who slept in an adjoining room, was suddenly awoke by violent constriction of the throat and great difficulty of breathing. Ignorant of the cause, his first impulse was to rush into the shop for water wherewith to gargle the throat, but he had no sooner entered than he was almost suffocated, and of course hastily retreated. Dr. Souehard, who was instantly sent for, found the patient in a state of intense anxiety, the face was covered with red patches, the mucous membranes of the nostrils and lips were destroyed. A large quantity of sanguinolent matter flowed from the mouth and nose; the tongue was deprived of its epithelium, and on some points was covered with a white mucous crust like apthæ, the inside of the cheek assuming the same appearance. The speech was feeble and imperfect, and the patient complained of a burning pain in the throat extending to the chest, with extreme dyspnoea and continual menace of suffocation. Auscultation brought to light a tumultuous rattle in the chest. The thirst was excessive, but deglutition was almost impossible, and the efforts which the patient made to swallow liquid occasioned a painful cough. The skin was hot but not dry. The pulse was feeble, irregular, and frequent; the eyes were red and sparkling; the forehead was distended with blood, and intensely hot. As this was a case in which extensive inflammation was to be combated, it is scarcely necessary to add that copious depletion was instantly had recourse to. Vinegar and water was poured into the mouth, and the nostrils were injected with it. The immediate symptoms were then got rid of, but for several days the patient laboured under acute bronchitis, with complete aphony, which was treated by active depletion.—We are indebted for this case to the *Journal de Chimie Medicale*.

A great meeting has just taken place at Waterford, in favour of Medical Reform. Our Irish brethren are evidently entering upon the subject with all the enthusiasm for which they are proverbial; and whenever we do get our grievances redressed, we shall have much to thank our friends in Ireland for.

SUICIDE BY SULPHURIC AND NITRIC ACIDS.

THE subject of this case, after executing his fatal purpose, was found by a neighbour groaning and vomiting reddish matters mixed with his food. By his side were two phials and an empty glass. One of the phials contained a brownish oleaginous liquor, with a black softened cork, being evidently sulphuric acid. The other had a small quantity of nitric acid with a portion of copper, which the patient, a working jeweller, had made use of in his trade. On being conveyed to the hospital, his voice was gone, the respiration was hurried, he had shiverings, cold extremities, and rigidity of the limbs, with occasional convulsive movements. He felt extreme cold both within and without, his anxiety was intense, his eyes were fixed, and his pupils almost motionless. Round the mouth was a small quantity of yellow fluid slightly sanguinolent; the jaws were strongly closed, and the patient had great difficulty in opening them. The inner surface of the cheeks, the lips, the tongue, and even the teeth, were white. Acute pain was felt in the pharynx, but was not increased on pressure. The abdomen was free from pain, but the man felt a continual desire to vomit.—An ounce of magnesia in four doses was prescribed, with linseed tea and syrup of gum in large quantity; also cataplasms to the epigastrium, and an emollient glyster.—On the following day the voice was somewhat recovered, and the man stated that he had swallowed a mixture of strong sulphuric and nitric acids, of each two ounces; but there must be some mistake as to the quantity, for it seems physically impossible for a man to swallow so large a quantity, for let it be observed that the residuum in each phial proved the acids to be of full strength. Instantly after the swallowing of the liquid, the man felt excruciating pain in the throat, with a sensation of burning in the back and stomach, which were speedily followed by incessant vomiting; pulse seventy-eight, and feeble. The ensuing morning the symptoms were confined to the throat and fauces, without pain in the abdomen or stomach. Another ounce of magnesia and the mucilaginous drinks were again prescribed.—On the third day the sensation of burning in the pharynx was changed to a sort of permanent constriction, which increased during the deglutition of liquid. The thirst was intense, and the patient felt a desire for acidulated drink; pulse feeble and slow. The magnesia and mucilaginous drinks were again prescribed.—4th day, symptoms as before, with the addition of a hot dry skin, pain in the pharynx and back; hoarseness of the voice, hiccup, constant spitting, vomiting of glutinous yellow matter containing flakes of gangrenous slough, and pain in the abdomen, more especially in the epigastrium.—Forty leeches, magnesia ʒj, &c.—5th day, the pain in the epigastrium was removed by the leeches, the pain in the pharynx was increased by pressure on the neck. The man continued to spit up gangrenous slough. The tongue and cheeks detached gangrenous eschars, leaving the parts beneath of their natural colour. Floating eschars were perceived in the pharynx. The respiration was less free; vomitings and hiccup were harassing.—Magnesia ʒj daily, &c.—9th day, for the last three days symptoms nearly the same, but the difficulty of swallowing had gradually increased, and the œsophagus now spasmodically closed, so as to reject the drink, which returned through the mouth and nostrils. The orthopnoea and anxiety were extreme. The patient felt an intolerable sense of burning within; he fell into a state of extreme prostration, and rapidly expired.

Dissection.—The gums, cheeks, and tongue, presented no longer the marks of cauterization, excepting that a slight ulceration existed at the under surface of the tongue, and on the palatine vault extending to the velum. The pharynx also had detached the whole of its eschars. The œsophagus was lined with a yellowish membranous and resisting tube, formed by the mucous and rudimentary fibrous membranes, which could be separated from each other. The acid had produced a sort of exfoliation, destroying the adhesion of the inner membrane with the muscular coat, whose circular fibres were denuded. The adhesion of the two membranes was so weak that a slight traction sufficed to draw it away in the form of a membranous tube, which was prolonged into the stomach. The inner surface of the separated tube was smooth, unctuous, and soft to the touch; its external surface (in contact with the muscular coat) was rugous, and presented traces of the cellular filaments by which it was united to the muscular coat. Its resistance was considerable at the lower extremity, but at the upper it was pulpy. Its thickness throughout was five millimetres. The diseased state of the membrane was continued to the great curvature of the stomach, but the lesser curvature was exempt. The false membrane in the stomach is thinner than in the œsophagus. It seemed entirely formed of the mucous membrane, yet in some points near the pylorus and in the inferior portion of the *cul-de-sac*, the fibrous was also destroyed.—The coats comprised between these points were firm, and thicker than natural, with a granulated aspect. The eschar, of a greenish-yellow colour, and smooth on its inner surface, as in the œsophagus, was rugous and shagreened externally. It floated in a small quantity of a viscous yellowish liquid.—The great *cul-de-sac* was less injured than the parts to the right of it. On being held up to the light, the injection of its coats at that part was perceived, as was also the case along the lesser curvature. Round the pylorus, and in the duodenum, the membrane was very red, in other parts the stomach had a dark greyish tint. The intestine below the duodenum presented nothing remarkable. The peritoneum, liver, spleen, and lungs, was unaltered. The heart is gorged with black and coagulated blood. The aorta contained a long fibrinous clot, but the other large vessels, the carotids, the iliac, and axillary arteries, were empty.—This state of the vessels is deserving of note, because M. Bouchardat having ascertained the presence of coagulated blood in the vessels under similar circumstances of poison by acid, he concludes that the acid, by coagulating the blood in the vessels, produces palsy of motion and sensation, terminating in death. But nothing of the kind was perceived here.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, November 27th, 1840:—

Edward Goodeve.
Francis Buckell.
James Willmer.
Joseph Sugart Baly.
Samuel Sayer.
Nathan Burlinson.
John Birkbeck Nevins.
John Ayling Blogden.
George Lindsay Longheed.
John Brett.

An attempt has recently been made to reduce the salaries of the medical officers of the Dublin prison, which has very properly been resented. The question is before the Court of Queen's Bench.

ON DEAFNESS, FROM OBSTRUCTION OF THE EUSTACHIAN TUBE.

BY JOHN STEVENSON, ESQ., M.R.C.S., &c.

[Third Paper.]

THE different degrees of deafness which obtain, when the Eustachian tube is more or less, partially, or wholly obstructed, comprehend a wide range, from simple dulness and infirmity of hearing, to its entire extinction; a series exemplified in the several defects and modifications of the sense which those forms of the disease occasionally exhibit. This fact should never be lost sight of, since a knowledge of it may guide and direct us—in obscure and complicated cases, and in the absence of any external manifestation of the cause of the surdity—to seek and discover in the fauces the root and origin of the morbid phenomena, and to regulate our remedial measures in reference to the nature and seat of the functional derangement.—Among the great variety of instances of deafness from enlarged tonsils that have claimed the author's professional consideration, the two following will be sufficient to illustrate respectively the mild and inveterate character, and the opposite extreme, of the disease. The first case referred to, which I shall take the liberty to narrate, is that of Miss Codrington, who recently, and for two years experienced the entire suspension of the auditory function in one of her ears, and for which she had failed to obtain the slightest alleviation. On ascertaining that the meatus externus was, in every respect, perfect, a careful examination of the fauces revealed an inconsiderable and soft swelling of the posterior portion of the tonsil, which protruding over, and obstructing, the guttural extremity of the Eustachian tube, furnished a satisfactory elucidation of the nature and cause of the disease. By local treatment of the enlarged gland, the tonsil was speedily reduced, when the patient regained the most acute sense of hearing.

In the ensuing case, the tonsils had acquired a preternatural bulk, an incompressible and almost scirrhus induration, which, by completely shutting up the aerial viaducts, caused a most obstinate deafness under which the patient son had laboured for three years. Although neither trouble nor expense had been spared in quest of able professional assistance, it is a curious fact, and confirms what is stated at the beginning of this communication, namely, that throat-deafness had hitherto scarcely arrested the notice of general practitioners, for none of the eminent medical gentlemen who were consulted at different periods, had examined the fauces of the afflicted, either in the present, or former instance—an omission or oversight which accounts for the failures in their treatment. In this case also the enlarged glands ultimately yielded to topical and general remedies, the auditory function continuing uninterruptedly and acutely sensitive to the present time.

I will next describe several diseased states of the membranous lining of the fauces, which, by continuous sympathy, irritation, and swelling, implicates the mouth, or course of the Eustachian tube, and—with an assemblage of phenomena, simulating other diseases of a far more dangerous tendency—are accompanied with a more or less impaired sense of hearing.—The first and most simple of the ailments alluded to, is characterized by a very irritating and harassing cough, attended with a thin mucous defluxion, particularly troublesome when the patient is in a recumbent position, and consequently in bed, with slight febrile excitement, and diminution of the auditory function. These symptoms being likewise not uncommonly associated with some oppression in the breathing, and evanescent muscular

pains in the chest, have caused them to be erroneously regarded as the precursors and harbingers, if not the more immediate offspring, of pulmonary derangement. On inspecting the fauces, the mucous lining is invariably found to resemble the same tissue in the intestinal canal when in a congestive or subinflammatory state; an appearance distinctly elucidating the real character of the disease, which fortunately, if early and properly managed, admits of speedy and effectual relief. The curative indications consist in the external application of leeches, in number proportionate to the exigency of the case—the inhalation of the vapour of hot water medicated with extract of poppy or hemlock, and vinegar—and a gargle of nitre and honey, in a proper vehicle. The bowels should, at the same time, be preserved moderately soluble, by means of mild saline aperients with small doses of emetic tartar administered through the day, and a few grains of blue pill at bed-time, the diet being cooling and bland.—The following case will serve as an exemplification of the nature and treatment of the disease. A young lady of delicate health, and of a phthisical constitution, caught cold in travelling some distance into the country in very boisterous weather, during the autumnal months. On arriving at her place of destination, she experienced a slight febrile accession, accompanied with an almost incessant tickling cough, hoarseness, and mucous expectoration. Harassing as these symptoms were in the daytime, they became so much exasperated during the night season as nearly to deprive her of natural repose. She had also frequent, but transitory and erratic pains in her sides, with occasional dyspnoea, which, in combination with a furred tongue, quickened pulse, and loss of appetite—added to the consideration that her mother died of consumption—led her medical friend to suspect, and to express his apprehension, that she was suffering under the incipient stage of that formidable malady. Feeling the greatest anxiety on account of occasional pains in her ears and throat, accompanied with great defect in the sense of hearing, she placed herself under my care. An accurate examination of the fauces disclosed the nature of her ailment, the whole surface of the investing membrane exhibiting visible marks of vascular excitement. The successive application of leeches, external rubefacients and blisters, saline gargles, with mild aperients, availed in speedily subduing every distressing symptom, and in enabling the patient to regain her health and hearing in a rapid and satisfactory manner.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 21st November, 1840:—

Epidemic, endemic, and contagious diseases	176
Diseases of the brain, nerves, and senses	138
Diseases of the lungs, and other organs of respiration	285
Diseases of the heart and blood-vessels	24
Diseases of the stomach, liver, and other organs of digestion	59
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c. .	9
Diseases of the joints, bones, and muscles	3
Diseases of the skin, &c.	1
Diseases of uncertain seat	111
Old age, or natural decay	62
Violent deaths	22
Causes not specified	2
Deaths from all causes	897

EXAMINATION AT THE COLLEGE OF SURGEONS, EDINBURGH.

As the College of Surgeons of the Northern Metropolis have, from time to time, made various alterations in their regulations regarding diplomas; and as, we believe, still further changes are in contemplation, in the forms, at least, of the examination, two separate days of examination being intended in place of one, as at present, the following, as a fair specimen of a recent examination, (October last,) may not be unacceptable to the medical public generally, but particularly to those who may, in former years, have taken diplomas there:—The candidate was first required to translate a portion of Gregory's 'Conspectus.' He was then examined, minutely, on the anatomy of the pelvis—its dimensions in the female—the muscles attached to it—the blood-vessels, particularly the *pubic*; the anatomy of the testes, both in the foetus and adult—their functions and diseases; hernia, inguinal, crural, and congenital; the contents of the abdomen; wounds of the abdomen, and treatment; the anatomy of the hip and knee-joints. Materia medica and chemistry were then taken up by a second examiner; the composition of the different urinary calculi, especially the phosphatic, and their different tests; the treatment of each variety; the processes for preparing phosph. sod., phosphorus, sulph. magnes., and acid. Prussic; after this, specimens of rad. ipecacuanha, crystall. sulph. zinc., gum catechu, and gum mastich, were laid on the table to be recognised. The candidate was then required to write a prescription *secundum artem*, which concluded the examination of the young aspirant, destined like many others, on future occasions, to say with the poet—

"Nullum a labore me reclinat otium,
Urget diem nox, et dies noctem;"

and recollecting in addition, that in the medical profession, as in all others, "multum adhuc restat operis, multumque restabit; nec ulli nato post mille secula, precludetur occasio aliquid adjiciendi." SENIOR.

Kinross, November, 1840.

A MODE OF PREVENTING SUPPURATION AND PITTING IN SMALL-POX.—A weak sulphur ointment (3ij to 3j of lard) prevents the suppuration of the variolous pustule, and consequently those distressing marks in the face which result from it. All the parts of the body, says Dr. Midavaine, where the eruption has appeared are to be smeared with the ointment. The little papulæ immediately begin to diminish in size, and become hard instead of being dilated by pus. The tumefaction of the skin abates, and the gastro-intestinal irritation entirely disappears even in cases of confluent small-pox, and it rarely happens that the appetite is not recovered at the same time. This treatment, which is described as being of constant efficacy, is, as far as the general symptoms are concerned, founded upon the assumption that the constitutional disturbance is the result of cutaneous irritation. (*Gazette des Hopitaux*.)—It may be well to note that smearing of the parts with mercurial ointment, and the covering of them with a mercurial plaster, (de Vigo cum mercurio) have been strongly recommended for the same purpose. The application of nitrate of silver to each papula has been also very successful, but this practice seems to have been laid aside solely from the trouble of applying the caustic. Might it not be used in the form of ointment with success?

The late Mr. Williams, of Portland Place, has bequeathed £1000, duty free, to the Charing Cross Hospital. This will do Dr. Golding more good than physic.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

- An Address to the Medical Practitioners of Ireland on the Subject of Vaccination, &c.* By S. B. Labatt, M.D., &c. 2nd Edition. Pp. 202. Dublin: Hodges and Smith.
- Cemetery Interment.* By G. Collison. Pp. 408. Plates. London: Longman.
- Tabular Views of the Signs afforded by Auscultation and Percussion in Diseases of the Heart and Great Vessels, and in Diseases of the Lungs.* By O'Bryan Bellingham, M.D., Surgeon to St. Vincent's Hospital. Dublin: Fannin and Co.
- An Essay on Intoxicating Liquors, &c.* By T. H. Barker, Surgeon. Pp. 59. Hamilton, Adams and Co.
- Report on the Result of the Operations for the Cure of Squinting, &c.* By C. W. G. Guthrie, Assistant-surgeon to the Westminster Ophthalmic Hospital. Pp. 12.
- A Practical Treatise on Bilious Remittent Fever; its Causes and Effects, &c.* By W. Arnold, M.D., &c. Pp. 320. Churchill.
- Practical Remarks on the New Operation for the Cure of Strabismus or Squinting. Illustrated with Lithographic Engravings.* By E. W. Duffin, M.D., M.R.C.S. Pp. 147. Churchill.
- Outlines of Midwifery, developing its Principles and Practice, &c.* By J. T. Conquest, M.D., &c. 6th Edition. Engravings. Pp. 222. Longman.
- A Discourse on the Phenomena of Sensation as connected with the Mental, Physical, and Instinctive Faculties of Man.* By J. Johnstone, Physician to the General Hospital, Birmingham. Pp. 264. Churchill.
- On the Analysis of the Blood and Urine.* By G. O. Rees, M.D., &c. Pp. 147. Longman.
- DR. COPLAND'S PROCRASTINATION.—*To the Editor of the 'Medical Times.'*—Sir, The annoyance of subscribing to works purporting to be brought out in parts, was never more grievously felt, than in the case of Dr. James Copland's 'Medical Dictionary,' which he commenced publishing in the year 1833, and promised to complete in four parts, in the course of a "few months," as stated in his prospectus. A half part was furnished to subscribers some time ago, and the second half promised, but as yet has not appeared—the "few months" having extended to seven years! Is it fair that he should disappoint the profession any longer?—Your obedient servant, One of the Aggrieved, Co. Cork.
- THE LONDON COLLEGE OF PHYSICIANS has excluded illiberally from Honorary Fellowship, and oft-times persecuted malevolently, men of superior genius, and of exalted professional character, except those only whose particular position, influence, and eminence, rendered their hostility formidable, and their admission politic and expedient. It has sinned, by imposing religious tests, with which medicine has nothing whatever to do, and so, in these and other ways, prejudiced the interests of science and mankind. In fact, all our collegiate corporations of physicians and surgeons have been exempt by no means from the exclusive, illiberal, and interested policy, by which close, self-elect, self-legislating, by-law-making, and irresponsible bodies have proved to be almost invariably actuated.
- THE PRESTON QUACKERY shall be attended to in connexion with some other squint quacks.
- MEDICUS (City).—It is impossible to say without seeing the patient.
- W. W.—The case has not been settled.—A surgeon can so "evade the Apothecaries' Act."
- DR. MOORE.—We should be glad of the article alluded to, which shall be returned.
- UNIVERSITY COLLEGE.—They must imagine the Greek precept an error, or their own little amusements bright flashings of budding genius; effervescings and overflowing of high spirit, admirable to look upon; prophetic of future fame!

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THE MEDICAL TIMES.

LEGAL SUPPRESSION OF QUACKERY IN SCOTLAND, BY THE GLASGOW FACULTY OF PHYSICIANS AND SURGEONS.

WE have learned, through two authorized documents, that the appellative jurisdiction of the House of Lords has decided that the city of Glasgow possesses, *exclusively* of the Glasgow University, which is empowered to grant Degrees, a FACULTY, Anglicè a Corporation or College of Physicians and Surgeons, which was anciently instituted to re-examine the Masters of Physic and Surgery after graduation in the Glasgow University, and to prevent irregulars and quacks from practising in certain local districts around Glasgow, without their license. It seems that they have manifested and exercised the prohibition of irregulars and quacks, at intervals, from the days of James VI. of Scotland, 1567, (1st of England, 1603) to the present time. This Faculty has fought, at several times, for these privileges, and lately, by a decree of the House of Lords in favour of them, confirmed the original intentions of its foundation.—This affords both FACT and PRECEDENT in favour of the LEGAL SUPPRESSION and PREVENTION of QUACKERY!!! The case of the Faculty and Physicians and Surgeons of Glasgow, or, as it may be called, Corporation or College also, against the separate and distinct Faculty of the UNIVERSITY School of Glasgow, at this CRITICAL MOMENT, is particularly apropos and well-timed. It meets directly Mr. Warburton's HUMBUG BILL, and his indirect, evasive, and negative policy in countenance and support of IRREGULARITY, QUACKERY, FRAUD, and IMPOSTURE. Mr. Warburton, in his letter to Dr. Webster, has, by his own confession, and in his own hand-writing, "repudiated the favourite scheme" of the "sanguine Medical Reformers," "of putting down the practice of the UNQUALIFIED by COERCIVE measures." This, "his opinion,"

he says, "will not undergo no change in all probability," and we may cease to look upon him, as "a promoter of any such measures."—But this is not the first time that the HONEST and JUST corporators of Glasgow have done the proper duty of CORPORATORS, by setting their faces against the ABOMINATIONS of QUACKERY, actually suppressing it by law, and affording an example to the English corporators, who, most flagitiously and scandalously, have neglected this their primary duty, and thereby, not only demoralized, degraded, and debased, the profession in England, but indirectly encouraged the moral contamination of quackery; exemplified it, themselves, in the conduct of certain of their own members; re-inforced the public disposition to lower and degrade medicine into a vulgar occupation and low trade; ruined its best interests, and made it cheap and contemptible in the eyes of God and man.—Amidst the chaos of our materials on the grand subject of "BRITISH MEDICAL REFORM," we find the following facts relative to the HIGH CONDUCT of the medical functionaries of Glasgow, relative to the SUPPRESSION of QUACKS and QUACKERY at former periods of time, quite as honourable to themselves as those recent and successful steps which they have taken to give protection to the public and security to the profession.

In Scotland, in the reign of James VI., the lieges of the western districts suffered much from the QUACKERY of UNTUTORED PRACTITIONERS. James, therefore, authorized the sheriff, and Hamilton the Professor of Medicine, to call before them the practitioners of Glasgow, and the surrounding burghs and baronies, to examine and approve them who were implied worthy to exercise, and discharge them from practising what they do not understand, *so that our subjects be not abused.* They were compelled to produce testimonials of their life and conversation. Every one who should continue contumacious, or practise without authority after being lawfully summoned, was LIABLE TO BE OUTLAWED in the SUM of £40 for EVERY REPEATED OFFENCE!! [How is it, we ask over and over again, that the colleges and corporations in medicine and surgery, in England and Ireland, have not done their duty in like manner?]—At an early period, the Faculty of Glasgow obtained from the Supreme Court general letters of HORNING against IRREGULAR practisers, which enabled them, in a summary manner, to commit the DELINQUENTS to PRISON, until they paid the fine, and came under an obligation to desist from practising in future. The practice of granting "LETTERS of HORNING" grew into disuse about a century since. Afterwards the faculty had no other means of preventing IGNORANT PERSONS from practising, except by applying to the ordinary courts of law, which often became troublesome and expensive. The FACULTY then endeavoured to show that, independent of the charter, an IRREGULAR, UNSKILFUL, practitioner of medicine or surgery, is, or ought to be, considered as one of the WORST SPECIES of PUBLIC DELINQUENTS, and, consequently, should be PROSECUTED and PUT DOWN at the

PUBLIC expense.—They failed to establish this reasoning, and therefore resolved to examine those only who voluntarily came before them, declining to pursue the arduous duty of clearing at their expense the four populous counties of Lanark, Ayr, Renfrew, and Dumbarton, of **IRREGULAR** practitioners. In process of time, the evil, as might have been easily foreseen, *wrought its own cure*. But the number of **IRREGULARS** afterwards increased rapidly. Their *mal-practices* produced *effects disgraceful* to a **CIVILIZED** state, some of them **TOO MELANCHOLY** to be here detailed, although recently exhibited in a court of public justice. The Faculty, in 1812, made the greatest exertions to recover all the duties conferred upon them by the Charter; whereupon the High Court of Justiciary being fully impressed with the great importance of protecting, as far as possible, the **PUBLIC**, and particularly the **LOWER ORDERS** of the community, from the evils that necessarily result from **IGNORANT** and **UNSKILFUL** persons practising medicine and surgery, and **VENDERS** of **MEDICINE** and **DRUGS**; and in consideration of the memorial relative to the *late increase* of the number of **UNLICENSED** practitioners in medicine and surgery, enjoined and required all sheriffs and other magistrates to aid and assist the Faculty, on due information, within the limits mentioned in the Charter and Act of Parliament, in **PROSECUTING** all persons **ILLEGALLY PRACTISING MEDICINE OR SURGERY**, within their *respective jurisdictions*, in time coming. "Since that time the Faculty have made considerable exertions, but the **EVIL** of **IRREGULARITY** and **QUACKERY** being of *considerable standing*, it will be some time before it can be thoroughly *rooted out*.*

We present our best respects to our Corporations and Colleges in the sister kingdoms, and all our negative and indirect reformers and winkers, and our sham-reformers, and mock-reformers,

"Black spirits and white,
Blue spirits and grey,"

and request their attention to this important statement and settler to quacks and quackery! This is the *sole* and much-to-be-noted example of the performance of a **GREAT PUBLIC DUTY** by any **CLOSE, SELF-ELECTED, IRRESPONSIBLE BODY** in these realms. We hope it may not only make the cheeks of our other corporators burn with shame for their torpor and sloth, negligence and dereliction of their public duty, but fill their hearts with penitence and contrition for all the enormities of commission and omission they have been chargeable with for the last **THREE CENTURIES** of **MISRULE** and **MISCONDUCT**, in all respects. We shall soon take the field against **IRREGULARS** and **QUACKS** in sterner battle and array. Men of Glasgow! you have deserved well of your country; you have redeemed your characters, respectability, and sense of justice!! You are a singular contrast to all other medical and surgical corporations!

CLINICAL LECTURE ON MORTIFICATION,

Delivered by **SIR BENJAMIN BRODIE**, in the Theatre of St. George's Hospital, November 25th, 1840.

I SHALL begin, gentlemen, to-day, the subject of gangrene. When a part of the body has died or lost its vitality, while the rest of the body is alive, we say that that part is mortified. The process is called mortification or sphacelus. The word *gangrene*, according to its original acceptation, referred only to the incipient stage of mortification, but now, like many other terms loosely employed, it is not unfrequently used synonymously with, and expressive of, the whole phenomenon of mortification. You will find, if you pay much attention to the subject of mortification, that it is one of the most interesting as well as useful branches of pathological anatomy, and your time will not be ill-spent by pursuing it. Mortification arises from a variety of causes, from inflammation, ligatures, or the application of caustics, &c.;—it may affect the vital organs, as the bowels, lungs, and even the brain itself. When organs necessary to life are the seat of it, death is always the consequence, which may take place sooner or later; should however mortification take place in a part not vital, it may cause such derangement of the system, as to produce death eventually, according to the state of constitution, and the extent of the local mischief. If sphacelus be limited in extent, the system will not suffer but stand the shock, and, after a time, the mortification will stop, and another process be set up by which the dead part is separated from the living. This process, when it is carried on in soft parts, is called *sloughing*, in the harder parts, as bone, *exfoliation*; the *modus operandi* is the same, only affecting different structures. The time necessary to complete the process of sloughing or exfoliation varies in different cases. You will find it take place in very vascular parts, sometimes violently, but in less vascular structures, as cartilage, the process is for the most part a tedious one. The length of time depends a good deal upon the state of constitution; in a vigorous habit it will be affected much sooner than in a debilitated one. It will vary, too, according to the tonic or atonic state of the surrounding parts.—The process of mortification must, in general, be completed before ulceration commences. I have seen an old man with mortification of the toe, which gradually spread up the leg, yet in this person ulceration did not commence until the mortification had ceased. In cases where there is dead bone, and parts of the bone still dying, ulceration will not begin, to allow of its escape before the mortification finishes. A man may have mortification going on in the tibia for years, which by being put a stop to by a course of mercury or sarsaparilla, exfoliation of it will immediately commence.—Mortification is described as one of the terminations of inflammation. Violent inflammation may end in mortification; the degree of inflammation may vary in different parts, and accordingly we have severer inflammation attacking cellular membrane than the skin, and in the skin inflammation is in general more severe than in the muscles. Before mortification commences, the skin becomes of an exceedingly bright red colour, and the cuticle becomes raised by a deposit of fibrine or serum underneath. The redness gives place to a purple tinge, and then if the extent of the inflammation be much, the constitution suffers. When mortification is completely established, the pulse becomes frequent and weak, the tongue loaded, the patient is incapable of exertion, and when spoken to is roused only for a moment, and soon falls into a semi-stupor. By-and-by the skin becomes

cold, the pulse intermittent, the patient lingers a short time after this, and then dies. But if mortification exists in a less degree, the pulse assumes a better tone, the mortification of the part gives place to a healthy action, and the patient recovers. Mortification of the cellular membrane, I mentioned, occurs more frequently than in the skin; it is, too, more frequent in those who have been in the habit of taking spirituous or fermented liquors in excess. I alluded to a case in a former lecture, of a man who was stung by a bee, in whom inflammation of the cellular membrane supervened; but this may, by some, be attributed to the presence of an animal poison. When inflammation of the cellular membrane terminates in mortification, the part becomes distended with serum, the limb cedematous, and a peculiar yellow tinge is seen over the whole surface of the body, so that the patient looks jaundiced; this yellowness is even observed in the sclerotica. The cause of this is not known. Mortification of the cellular membrane is soon followed by mortification of the skin over it. Extensive destruction of the cellular membrane produces the same effects upon the system as extensive mortification of the skin. Mortification causes effusion of an excessively offensive kind into any part which may be the seat of it; for instance, in mortification of the intestines, a disgustingly smelling fluid is poured into the cavity of the abdomen, and tumours are frequently opened into, filled with a dark and foetid fluid.—It is an interesting pathological question to ascertain how it is that inflammation terminates in mortification. Mr. Hunter says, "That inflammation sometimes depends upon an increased action with increased power of the vessels; but in mortification it must depend on an increased action with diminished power; in all cases where this kind of mortification takes place, we have evidently a deficiency of the animal powers." In cases of inflammation, microscopical observation shows that the red parts of the blood become conglobated, and sticking to the sides of the vessels choak them, and so cuts off the circulation; we may account for mortification in this way. Again, in most inflammations, as of the scrotum, serum is effused, the scrotum becomes tense, and mortification is set up; if in this state of things you let out the serum, you stop the mortification. It seems to me that the pressure which the serum exerted upon the neighbouring vessels, stops the circulation through them, so that if you relieve the tension of the part, you remove at once the exciting cause of mortification. I apprehend that in some cases mortification is not the result of inflammation, but that the process of ulceration destroys the vessels destined to supply a part, and thus the part must consequently mortify.—Now, as to *treatment*:—If you cannot diminish the tendency to mortification, you must support the system under it. When inflammation terminates in mortification, you may sometimes with great advantage employ the same means as in inflammation; take blood from the arm, put the patient upon low diet, and purge him. I have seen mortification of the skin stopped by the abstraction of blood. But in many cases, if you lower patients in any way, you promote mortification. How then are you to act if bleeding be sometimes useful, at other times injurious? You must trust to your practical observation. If the patient be of good constitution, the pulse strong and full, showing no sign of weakness or failing about him, you may then bleed, and the blood will be found to be buffed; but, on the contrary, if the patient is of a constitution broken down by excess of any kind, as those who drink a large quantity of

* We refer our readers for our authority, to Mr. Cleland's very instructive and enlightened 'Annals of Glasgow,' 1816, vol. i, p. 211.

spirits and porter, or are affected with the poison of mercury and syphilis; if the pulse is small, weak, and there is considerable inflammation going on; if the patient has an anxious countenance, then the abstraction of blood, even in a small quantity, would be highly injurious. Supposing you cannot draw an exact line between whether it would be proper to bleed or not; in these doubtful cases, observe the effect of blood-letting if you bleed, or the effect of stimuli if you use stimulants, and then pursue or alter your treatment according to circumstances. When I talk of blood-letting, you may give active purgatives, antimonials, and barley-water at the same time. Should, however, antiphlogistic treatment be contra-indicated, you will find that wine, gin, and brandy properly administered will prevent and stop the inflammation. These two plans of treatment may be well exemplified by the following instances:—A man comes to the hospital with sloughing sores of the penis; the parts around are tense and painful, the skin hot, feverish, pulse full. If you bleed under these circumstances, you will put a stop to the inflammation, and the patient recovers. I have frequently seen surgeons standing by and hesitating how to act in such a case, simply because they thought that as there was mortification going on, bleeding would be highly injurious. In another case where there is not pain, but a livid margin round the penis, the mortifying process gradually extending, the patient being in a bad state of health, with a weak, feeble pulse; then, by giving wine and supporting the patient, you stop the progress of the disease. I adverted to the letting out of serum in a part greatly distended with it; in all cases where there is much effusion into the cellular tissue, it should be let out by acupuncture. If matter is effused, acupuncture is not sufficient to discharge it, so that incisions must be made with the lancet; scarifications are exceedingly useful in erysipelas, and in carbuncles where there is a collection of matter around the destroyed portion of cellular membrane. When incisions are required to let out pus, you ought not to make them very long, when smaller will do, or too small, lest you have to repeat them, and patients will seldom submit to second incisions, the first being acutely painful. The longer scarifications are, the more vessels are wounded, so that patients are apt to lose more blood than they can afford. Here is found the advantage of an attentive assistant, to restrain any excessive hæmorrhage resulting from incisions. The vessels do not, however, in general require a ligature, but if they go on bleeding a ligature must be applied. A circumstance which makes incisions useful, and even necessary, is where sometimes around a slough a putrid matter is collected, containing sulphuretted hydrogen; this gas if it gains admission into the system is very poisonous, so that by letting it escape in time you will save a great number of patients. I was called to see a gentleman who appeared to be dying, and Dr. Warren, who was in attendance upon him, had stated to the friends that he could not live an hour; he was lying as if in articulo mortis, when roused, he made an attempt to articulate, but failed; he was cold all over. I examined him, and found a large red tumour near the hip, which felt emphysematous, and on pressure a crackling noise was produced. Seeing there was little hope for the patient, and thinking that this tumour was the cause of the constitutional disturbance, I made a crucial incision into it, the knife sank as if into a quagmire, and sulphuretted hydrogen escaped and made the house stink intolerably. In a few minutes the patient felt better, the pulse became firmer, and he recovered: from this

slough a gall-stone came away. You will find that cases which require incisions most are cases of erysipelas. After injuries of the scalp, cedematous swelling frequently occurs, the patient suffers a good deal of pain from the tension, and the cedema extends to the face, the skin remaining pale: if incisions be made, the cedema presently disappears, but if no local means be employed, sloughing takes place, all the parts down to the bone are destroyed; the pericranium now partakes of the mischief, and through the connexion between this and the dura mater, which inflames, death is caused. Thus you may easily understand why incisions are so beneficial in cedematous swellings of the scalp.

A. B.

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XIV.—THE GREAT MULLTEST EMEUTE.

(Continued from p. 104.)

THERE was an awful pause as the unexpected apparition of the chemical lecturer presented itself, like the sudden lull of the wind in the middle of a tempest. Some remained fixed in attitudes that would have qualified them to perform in the *tableaux vivans* at the theatres; others dropped down quietly on the stools which stood near the slabs, and appeared to be dissecting; others, again, bolted out of the room as fast as they could, by the door which had given entrance to the professor; and all contrived to turn off the imputation of ring-leader, except Mr. Spiff, who still, in the middle of the chorus of Jim Crow, was twisting about and roaring the words in breathless energy, perfectly unconscious that another visitor had been added to his audience; nor was he aware of the circumstance until Mr. Mulltest exclaimed, as well as his anger would permit him—

"This is *not* to be borne; I say again—this is *not* to be borne. Mr. Spiff," he continued in a louder key, "Mr. Spiff, your appearance in the dissecting-room is always the signal for riot and idleness. I have warned you of it before, and now you may take the consequences."

"Please, sir, it wasn't me," said Spiff, very innocently, sitting down upon the table which had formed the theatre of his exhibition.

"It *was* you, sir," continued the irritated professor; "I heard your voice above all the rest, as I always do."

"Then you mean to say I'm a liar," said Spiff, put upon his metal, and encouraged by divers telegraphic nods and winks from the other students who were behind the lecturer's back.

"I mean to say," replied Mr. Mulltest, "that you were the chief of the party. You are a nuisance, sir, a perfect nuisance to the school, and I will allow this uproar in it no longer." Then gathering up all his force to annihilate Spiff by one grand *coup*, he thundered out, "I'll report you to the board!"

What was the delight of the boys assembled when Mr. Spiff coolly folded his arms and crossed his legs, exclaiming most unconcernedly, "I don't care a damn for the board! I'm a perpetual pupil of the school, and have as much right to be here as any other of the students."

"I will find some way to prevent it, sir," gasped Mr. Mulltest.

"If you do I'll have my five-and-forty pounds back that I paid for entry to all the lectures; and if Jasper Buddle has any orders to keep me out, I'll come the next day and punch his head before the whole school, grey-headed governors, gaiters and all."

There was a suppressed laugh from all parties, in which I could not help joining. Mr. Mulltest waxed more angry than ever, and appeared to be taking great interest in a piece of dissection that was lying near him, while he was thinking what next he should say.

"Come, I'll tell you what it is," said Mr. Spiff, relieving him of the task of speaking first; "It's very plain we neither of us mean to give way; I'll tell you candidly that I shall not go whilst you are here, and I suppose you will not move whilst I remain. Now, let us make a drawn game of it, and both retire at once, or if we remain together much longer we shall decompose."

"I shall remain here as long as I choose, sir," was the reply.

"Then so shall I," returned Mr. Spiff, folding his arms, and leaning back against the wall. "Here, Jasper," he continued, throwing a shilling to me, "go and get a couple of pots of half-and-half, Mr. Mulltest will need a little refreshment if he waits here long."

Of course I could not interfere in the face of one of the teachers, and the shilling fell upon the sawdusted floor. There was another pause. Mr. Mulltest continued watching the dissection, and Mr. Spiff, pulling a number of the 'Medical Times' from his pocket, gravely commenced reading the leading article aloud, to the great amusement of his auditors.

How long things would have remained in this state I am not aware, because I knew the characters of both, and I felt sure that neither would budge an inch whilst the other remained. At last, however, it began to get dark, for the afternoon was tolerably advanced, and the time came to shut up the school for the day. Upon this every one left, and Mr. Mulltest returned in exceeding wrath to his private pupils, who, during his absence had been amusing themselves by making red and blue fire, and endeavouring to blow little jugs and decanters out of his tubes of German glass, which he set great value upon, because it was made without lead, and never turned black under the blow-pipe.

The following board-day was looked forward to with deep interest by all the school, as they were quite sure the professor would not let the opportunity pass by of unfolding his budget of grievances to the governors assembled; and they collected in the hall of the hospital, to know how matters proceeded. There was the porter in his flaming red robes and brass-headed staff bowing the governors in as they arrived; and the secretary hurrying backwards and forwards in his dressing-gown and slippers from his office to the board-room. There was also the matron, with a clean cap and collar, flying about amongst the nurses, and tripping up and down stairs four times in a minute, and the house-surgeon looking important, and the assistant-surgeon trying to do so; and all the other usual concomitants of the weekly board at an hospital. But there was so much to be done, that the clock struck two for the anatomical lecture before the important business of the day came on; and the students adjourned to the theatre, leaving Mr. Spiff on guard to convey to them, at the earliest opportunity, what transactions of peculiar interest to themselves might transpire in their absence. At ten minutes to three, just as Mr. Snipliver was enumerating the subjects he had been discussing for the last three-quarters of an hour, and precisely as Mr. Swubs had finished an elaborate arabesque design, which he had during that period been patiently carving on the ledge before him, Mr. Spiff entered the theatre, and quietly slipped down

upon the nearest bench to the door, only noticed by two or three who were near him. Dexterously pouncing on the pencil and note book of the new man, Mr. Whipples, who chanced to be at his side, he contrived, almost before the unsuspected owner was aware of his loss, to abstract a blank leaf, and in three more minutes this fatal bulletin had made known its contents to every soul in the lecture-room. It ran simply thus, but there was deep and sudden revenge in the words :

"The governors have stopped our beer!!"

Amazement was instantaneously depicted upon the face of every pupil present, and their visages could only be likened to Mr. Bumble's, when Oliver Twist asked for more gruel. The remaining part of the lecture, for the little time that it lasted, went off totally unheeded by the audience, and when Mr. Snipliver concluded, he was somewhat amazed that he was not greeted with the usual applause.

(To be continued.)

ACTION OF THE HEART AFTER SUSPENSION OF RESPIRATION.

To the Editor of the 'Medical Times.'

SIR,—Conceiving the following case to be an unusual one, and not devoid of interest, I take the liberty of communicating it for insertion in your Journal.—I remain, yours respectfully,

ROBERT GORTON COOMBE.

November 1st, 1840.*

CASE.—William Blake, æt. 60, on Wednesday, October 14, was taken suddenly ill whilst at work. I saw him immediately, and found him insensible. His respiration had quite ceased—his extremities were warm and not at all paralysed, but they were now and then slightly convulsed. His eyes were fixed and glassy. The external jugular veins and all the superficial veins of the head and neck, were greatly distended—his countenance was livid, and the tongue slightly protruded. When I first saw him, the action of his heart was uninterrupted, and continued to beat with energy for ten minutes; after this, it continued its action, but with less energy, for twenty minutes, being at one time very distinct, at another almost imperceptible, until, at the expiration of three-quarters of an hour from the first time I saw him, the action of the organ became imperceptible both to the hand and ear.—Mustard poultices were applied to the calves of the legs and to the epigastrium, and other remedies were ineffectually resorted to. An *autopsy* discovered a ruptured vessel at the base of the brain, from which a quantity of blood had escaped, even to the distension of the lateral ventricles.

REMARKS.—The continuance of the heart's action in this case, for so long a period after the function of respiration had altogether ceased, is very remarkable. In cases where persons have been attacked in a manner similar to this, and where post-mortem examinations have exhibited effusion of blood in the brain from a ruptured vessel, I have observed the heart's action to have ceased in a few minutes after respiration was arrested; and in no case am I aware that the heart continued to pulsate for so long a period as in the present instance. The quantity of blood which the lungs contained at the time that the respiratory movements were put a stop to by the compression of the brain and medulla oblongata, and the constant supply of blood which was derived by the heart from this source, doubtless acted as a stimulus to that organ, ex-

citing its contraction so long as the supply was afforded, and as the supply became less, so did the contractions of the heart become more feeble, until they finally ceased.—Some writers on the "theory of asphyxia" assert, that the arrest of the circulation first takes place in the capillary vessels of the lungs; therefore the long-continued supply of blood which the heart in this instance received, must have been derived from the lungs, pulmonic trunks, and from the venous trunks of the system generally; and the quantity of venous blood in this patient's body would be considerable, from the circumstances of his being a robust man, and from none of that fluid having been abstracted by venesection, thus far corroborating the opinion that the heart will continue to beat as long as it receives a sufficient supply of venous blood only.—From the convulsions of the extremities which occasionally manifested themselves during the attack, I conceive that the facts of this case likewise confirm another opinion advanced on the subject of asphyxia—viz., that venous blood "is capable of exciting instead of destroying the contractility of the muscles."

VENEREAL GRANULATED EROSIONS AND FUNGUS NECK OF THE UTERUS.

ONE of the prominent questions of the day in Paris is the syphilitic nature of certain states of the neck of the uterus, and the uterine origin of blennorrhagia in common with that of the meatus urinarius, the particulars of which we have already recorded; but the syphilitic nature of diseased neck of the uterus has been denied by practitioners, whose opportunities of observation have been unsurpassed. Cruveilhier, the physician of the *Veneréal Hospital du Midi*, whose authority is very great on this matter, says that he has never met with more than one example of venereal ulcer of the uterus, although he has treated many hundred cases of other ulcerations of that organ. The syphilitic case is published by Lagneau. The subject of it suffered the most intense lancinating pain at the neck of the uterus, with an abundant sanious and acrid discharge. These symptoms continued for three years. Cullerier discovered by the speculum a considerable scirrhus enlargement of the neck of the womb, which was the seat of several ulcers with *hard and perpendicular edges*. As mercury usually aggravates scirrhus, which the disease was supposed to be, it was at first repudiated; but at length the syphilitic origin having been admitted, deuto-chlorure of mercury was administered with *very concentrated* decoction of sarsaparilla, and in two months the patient was quite recovered.—Dr. Duparque has given another case of syphilitic enlargement of the neck of the uterus, presenting all the appearances of ulcerated cancer. The syphilitic nature of this ulceration was suspected from the coincidence of pustules and red papulæ in the face, which seemed to be syphilitic, more especially as the patient had not been exempt from the cancer of venereal infection. The uterine disease consisted of an irregularly tumefied and indurated neck, hollowed out in the centre by an ulcer with jagged edges, giving issue to a sanious foetid liquid mixed with little clots of black blood. The vagina was sound, but the labiæ minores were studded with pimples and red patches, which produced intolerable itching. The pain and heat in the diseased uterus was very great. The first symptoms were a discharge, presumed to be leucorrhœa, with constant itching and venereal desires, which the patient satisfies by masturbation to a great excess. She was much wasted, her counte-

nance was sallow, and her eyes dull. Before the appearance of the syphilitic eruption, the uterine disease was supposed to be cancer, and cauterization was recommended by M. Margolin, but of what species is not named. In the absence of better information it may be assumed to be either that of nitrate of silver, or the liquid nitrate of mercury, which last is most commonly used. *A grain of proto-iodure, with extract of hemlock, was administered night and morning, with decoction of sarsaparilla; and injections with deuto-chlorure of mercury were thrown into the vagina.* The amendment of the ulceration and diseased neck of the uterus was rapid, and in two months not a trace of it remained.—Dr. Gibert says, that in 500 women in the venereal hospital *De Lourcène*, 140 had *granulated erosions of the neck of the uterus*, in common with other syphilitic affections, and in fifteen it was the only symptom. Dr. Duparque remarks on this subject, that although the erosions may co-exist with syphilis, yet in reality they form no part of that affection; that where he has found them to co-exist with venereal ulcerations in the vagina, mercury has cured the latter, while it produced no effect upon the erosion, except that its surface became hemorrhagic. It was, however, promptly cured by the caustic nitrate of mercury. It ought not to escape observation, that the character of syphilitic ulceration has hitherto been presumed to produce excavation. Moreover, the granulated erosions occur in women, where no suspicion of a venereal origin can be entertained.

ANECDOTE OF A CANTERBURY DOCTOR.

WE have received from a Correspondent the following, in confirmation and exemplification of our last sketch (November 14th), of the *Canterbury Doctors*. Any additional fact or illustration is always acceptable to our columns. We are glad to find that our 'Sketches' excite so much professional interest. We advise those professional men, who are friends of Medical Reform, external and internal, to give to striking circumstances and observations in these articles, a fuller circulation by paragraphs in the country newspapers, particularly such as bear a local application, in order to expose low moral feeling and medical abuses, and to elevate high moral feeling, and the pretensions of gentlemen and men of honour and skill in their profession. The public, particularly in country-towns and neighbourhoods, are still very blind and prejudiced; they are incapable of forming a correct judgment of medical mind, and want every kind of instruction and assistance to enlighten them. The following is not only a remarkable instance of a *MOLIERE-IST* dubbed "in spite of himself," but of the goings on of the "Nevi Homines," or "New Gem'men" of money and local influence, and party-feeling in politics. The anecdote transmitted to us is this:—"Dr. Okey, of Southampton, practised some years ago as an apothecary at Farnham, but, like the poor apothecary in 'Romeo and Juliet,' could scarcely keep body and soul together; he therefore left his humble prospects at Farnham, and migrated to Southampton in quest of better success. Here he had the good fortune, like Dr. Sangrado, at his first starting, to cure a grocer's daughter. As this case had been reputed of some standing and difficulty, it raised a great deal of talk among the women, and was much noised as an "extraordinary cure." He then joined the strongest BREECHES-POCKET PARTY in politics, as a spick-and-span, thick-and-thin party man. For his political services, he was at last introduced, by the influence and

* This paper has been sometime in type, had it not, we should have omitted it, upon finding it in another quarter. QUERY—Do some passages erased by us, but printed by our contemporary, explain the anxiety to get the case printed? Was puff the object in view?

REVIEWS.

interest people, to the Bishop of Winchester. The Right Reverend Father, without more to do, presented Dr. Okey, about seven years ago, to the present Archbishop of Canterbury. His Grace of Canterbury dubbed him *sur le champ*, a physician, in a trice. He returned with his episcopal license in physic in his pocket, and resumed his aspirations to private practice at Southampton with greater dignity and ardour, at about 40 æt., which is considered precisely the critical point of time for a physician's rising. Our correspondent says, he became "affected, proud, (of such a diploma?) and extremely quaint," but "got increased patronage for all that," and "obtained to write fifteen prescriptions a-day. He wrote a book, 'De Rebus Medicis,' which excited some popular facetiousness, and was said to consist of extracts from other authors, and certain effusions of his own composing, of a diverting and amusing quality."—So much for the efficacy of politics and party, and Dr. Howley's supreme medical sanction! But we are a strange people, and manage some things after a strange fashion in this snug and queer little island.

SERGEANT TALFOURD'S proposed clauses to be appended to "any bill which may be introduced by the Government for amending the laws for the relief of the poor," are as follows:—Clause 1. Medical Commissioner to be appointed in addition to the three Poor-Law Commissioners.—2. Medical Commissioner to settle the extent and boundaries of medical districts throughout England and Wales within three years, and submit the scheme thereof to a Secretary of State, to be laid before Parliament.—3. The Medical Commissioner and Poor-Law Commissioners to make orders and prescribe limits to the remuneration of medical officers, with power to suspend or vary such orders.—4. Every medical officer to make an annual district report, and transmit the same to the Medical Commissioner, and the Medical Commissioner to make a general current report, to be annexed to the report of the Poor-Law Commissioners, and laid with it before Parliament.—5. Guardians to determine the amount of remuneration to be received by medical officers, subject to the order of the Commissioners, but not to advertise for or seek to obtain tenders.—6. Qualification of medical officers.—7. The expense of medical relief to be a parochial charge.

M. VELPEAU'S INFALLIBLE OINTMENT AND LOTION FOR ERYSIPELAS.—As Erysipelas is of various kinds, no one remedy can be a specific for all. M. Velpeau first employed a concentrated solution of sulphate of iron (3j to 0j of water); but in some parts an aqueous solution is of inconvenient application, as for instance in the hairy scalp. In others, the constant evaporation of the water, and consequent necessity of renewal, would encrust the erysipelatous patch with variable and uncertain quantities of the metallic salt. The lotion was therefore exchanged for an ointment, composed of four grammes (5j) of very finely levigated sulphate of iron, mixed with 3j of lard. M. Velpeau considers the lotion to be more prompt in its effects than the ointment. Within twenty-four hours of its application the inflamed surface loses its redness and heat, and the pain is scarcely an object of complaint: no erysipelatous inflammation resists this application for two days; but the success is merely local, for the patch will shift its seat to some other part, so that the disease must in general be combated by constitutional treatment.

The dispatch describing the taking of St. Jean d'Acre, contains in the list of wounded the name of Mr. J. Pimsoll, assistant-surgeon H.M.S. Edinburgh.

Illustrations of some of the Principal Diseases of the Ovaria, their Symptoms and Treatment, &c. By E. J. SEYMOUR, M.D., Physician to St. George's Hospital. 8vo. Pp. 126, with fourteen Folio Engravings. Longman.

WE have little to say of Dr. Seymour's first chapter on the Structure and Functions of the Ovaria, further than to remark, that his views on the corpora lutea have been completely upset by later writers, and that the account of the comparative structure of these organs, though concise and useful, presents little novelty, or original observation.—The second chapter is on the Disease of the Structure of the Ovaria, which the author classes as follows:—

1. The diseases which arise from inflammation of the structures of which the ovary is composed.
- 2. Those which arise from enlargement of the natural structure, and others from addition of new structure formed by disease; and these last will include those scirrhus and fungoid growths which from their rapid progress, their assimilation of neighbouring structures, their coincidence with other cancerous diseases in the same patients, and their fatal tendency scarcely admitting of palliation, have received the appellation of malignant growths.—3. Those deviations from natural structure which arise from obstruction in the function they are destined to perform, and those alterations of them which are probably congenital.

Each of these classes are treated at some length, and with many interesting illustrations from the old authors and contemporary practitioners. We extract the following as a good and clear statement of the views entertained as to the formation of malignant or fungoid ovarian cysts:—

Dr. Baron, following some rather indistinct views brought forward by Boerhaave and De Haen, conceived that the tumours we have just been describing were hydatids, whose contents became more or less inspissated by time, and whose coats underwent changes of different degrees of density, from simple thickening to cartilage. The contents became coloured also, by the rupture of blood-vessels; and, by this simple view, he accounted for all the various secretions with which these tumours were found filled. For the sake of avoiding argument as to the independent life of hydatids—argument quite unnecessary, as Dr. Baron thinks, to the pathological reasoning—in his last publication he has substituted the word vesicle in their place, as being liable to no such cavil.—Dr. Baron ascribes the formation of these vesicles to a change in the lymphatics of the part; the extremity of a lymphatic being closed, and thus forming, when distended with fluid, a pyriform vesicle, or the vesicle being formed at the intersection of numerous lymphatic vessels; of course this latter occurs oftener in the parenchyma of a viscus than on the surface. He applies this reasoning in detail, to account for the formation of malignant tumours in every part of the body. A practical observation is derived from the experiments of Dr. Baron, which may lead to important results,—that which we call malignant disease (cancer, fungous hæmatodes, medullary tubercles,) may be produced in any animal by bad nutrition, arising from bad air and confinement. These conclusions of Dr. Baron can be strongly corroborated by my own experience. In the course of last summer I was employed in dissecting several animals which died in the menageries of this city, principally with a view to the physiological observations in the first chapter. Almost without exception animals of the classes mammalia and birds died of tuberculous disease, affecting all the viscera of the body. The tubercles were principally of the kind which we call tubera circumscripta, and which have received in the French school the name of "encephaloides," and are found often affecting internal viscera, when cancer affects the glands or extremities. Seclusion in close cages, bad ventilation, and a want of their natural food, had produced this result.

Does not this lead to the conclusion, that free air and nutritious diet, with an approximation to natural habits, is the course most likely to save those who are attacked, among our own species, by tuberculous disease?—Dr. Hodgkin's views, that encysted tumours of the ovary, as well as malignant tumours, arise from the development of serous cysts, have a considerable similarity to those of Dr. Baron. Dr. Hodgkin's labours are not yet entirely before the public; it is therefore improper to comment long on them. They are well worthy, and will doubtless receive, the attention of the profession. Dr. Hodgkin, as far as our present subject is concerned, conceives that a large cyst, which he calls the superior cyst, is first formed, from the inside of which tumours grow, of different sizes and shapes, pushing up the internal membrane of the superior cyst, which is reflected over them, as the pericardium and pleura are in the natural cavities of the body, lined with serous membranes. These secondary cysts contain smaller. Sometimes these smaller grow so fast as to strangle one another, and the death of some of them causes altered appearances in the secretions of the parts. Sometimes they burst through the reflected membrane, and present a fungoid and fringed appearance, which may be seen in preparations in most collections of morbid anatomy.—These views are very clearly and scientifically expressed in Dr. Hodgkin's paper; they do not, however, go to the extent of explaining the constitutional origin of the disease. In this respect Dr. Baron has gone further, referring these changes to disease in the absorbent system.

The third chapter is on the Treatment of Diseases of the Ovary. Dr. Seymour speaks highly of emetics, and favourably of bloodletting in certain cases. Purgatives, frictions, and opium as adjuvants. There is nothing here in the remarks on the operative measures. The observations on the use of mercury are most judicious, and among the best in the volume.—The use of iodine, arsenic, and other remedies, are also discussed. The hydriodate of potash, and the liquor potassæ are both said to possess much efficacy over the growth of morbid ovarian structures. Conium is a useful palliative, and blisters appear to retard the re-accumulation of fluid, after tapping according to Mr. Abernethy, though contrary to the experience of Dr. Seymour. Our author does not countenance the excision of the tumour. The plates are well and expensively got up, and the work altogether is calculated to reflect much credit on its author.

MAGENDIE'S LECTURES.—*Leçons sur les Fonctions et les Maladies du Système Nerveux, Professées au Collège de France.* Par M. MAGENDIE. Revues par le Professeur. 2 Volumes. Paris: Ebrard.

IF we were inclined to dispatch our account of any work from the pen of Magendie without reading a single line, we should be quite safe in proclaiming it to be a production of merit, which no man of sense would neglect to read, which no professor would fail to possess, and which every practitioner should study as an example of the manner in which physiological and medical investigations should be prosecuted; for we have long since been so taught to appreciate the talents of this distinguished physiologist, as to be fully assured that nothing which emanates from his mind can be unworthy of serious consideration, and the perusal of these lectures has amply confirmed our most sanguine expectations. Their chief object is to determine, by experiments on living animals, the functions of the various parts of the nervous system, and to show that the results produced by the section of nerves and parts of the brain are closely imitated by disease in the same parts. For instance, if we divide the fifth pair of nerves, we destroy both the special and the tactile sensibility of the

senses to which that nerve is distributed. The sight of the eye is as completely destroyed as if the optic nerve itself had been severed. The conjunctiva becomes turgid and puriform—the cornea is opaque and finally ulcerated, and similar results would be produced by the morbid destruction of the ophthalmic branch.—As our limits prevent as extended an analysis of these lectures as they deserve, we will simply endeavour to elucidate the manner in which the author executes his task, and this will be best done by the quotation of one of the experiments which we will take at random:—

Here (says the professor) is a rabbit whose annular protuberance I purpose to divide transversely, (which, in other words, is the division of the longitudinal fibres.) It is no easy matter to effect this through the bones of the cranium; we will, however, make the attempt, for if even we should fail and touch any other part of the brain, we shall have symptoms of some sort produced so that our labour will not be lost. I plunge a small bistoury into the occipital region at the point which appears to me to correspond with the portion of the brain that I am to act upon. The animal has made a sudden movement backwards, and I fear is mortally wounded. In fact you see him extended on his side with the head bent back upon the neck, and the paws agitated with convulsion. He is now motionless, but all his body is affected with tetanic rigidity.—What point have we touched? We cannot decide without opening the cranium.—Several minutes have now elapsed, and the rabbit preserves the same attitude. He may be said to have that variety of *tetanus* called *opisthotonos*. You are aware of the effects of *nuxvomica*, which are somewhat similar, but more transient. Since my labours have been directed to this fact, the substance is known to act upon the spinal marrow, but at what precise point is not determined. If we could find a part of the central nervous system which presides over this exaggerated and permanent contraction of the muscles, the history of tetanus would be enriched by an important discovery.—The animal is now dead, the rigid contractions continue; the head bent back on the neck can scarcely be brought to its natural position, but the eyes are scarcely affected. I open the cranium, the meninges are distended with the blood poured out at the surface of the wound in the brain. I detach the clots which are large—let us now see what are the parts affected. The cerebellum has been transfixed at the posterior part of its middle lobe; the *bulb has been wounded for the space of a line between the restiform bodies*. The hæmorrhage arose from a puncture of the sinus. The only conclusion to be derived from this experiment is, that tetanic symptoms may be produced by wounds of certain parts of the brain, but the operation must be repeated with more precision before any dependance can be placed on it.

We have stumbled, it appears, on an experiment which is, perhaps, the most inconclusive in the book, and certainly one of the least calculated to convey a correct idea of the extreme dexterity of the author in general.—We are, however, obliged for want of space to postpone further comment on these lectures till our next.

The German Eye-Fountain.

WE have been induced to try this ingenious adaptation of a well-known hydraulic power, and may safely recommend it as a convenient means of supplying a cold application to the eye.

COMPRESSION OF THE BRAIN WITH COLLAPSE.

JAMES WILLCOCKS, æt. 38, on Nov. 14th, was admitted into — Infirmary, insensible and speechless. No account could be given by the persons who brought him of his attack; but I afterwards learnt that some time ago he had had a blow on the head. Pulse scarcely per-

ceptible; system generally in a state of collapse; breathing slow, and without stertor; pupils contracted and insensible to a strong light; no vomiting; hemiplegia of right side, with urine passing off involuntarily, but the fæces obstinately retained.—R. Ammon. carb. cum mist. camph. 4 hor.; emp. lyttæ nuchæ; catapl. sinapi to the feet; the head to be shaved, and cold lotion to be constantly applied; 3jv wine quoti die.—Nov. 15th, somewhat rallied; continued medicine, wine, and lotion.—Nov. 16th, more rallied; mutters now and then, and when roused a little, makes an effort to answer questions; pulse slow and small; had no motion; urine passes off as before; cheeks a little suffused, skin hot; no delirium.—R. Pulv. jalap. 3j, st. s. (vespere); enema communis.—Nov. 17th, bowels not open; takes a little food; pulse 95, and tolerably full; same in other respects.—Nov. 18th, more comatose; pulse small and indistinct; breathing hurried; has had one slight motion unconsciously. Enema purg., ol. Ricin., st.; 3vj wine, quot.—Nov. 19th, continued in same state all yesterday, and died suddenly this morning.

Dissection.—Distension of the vessels of the head; effusion into the lateral ventricles, with ramollissement of the septum lucidum.

R. G. COOMBE

TUBERCULOUS TESTICLES—RELAPSE AFTER EXTIRPATION.

A TESTICLE, which had undergone complete tuberculous degeneration, was recently presented to the Anatomical Society, at Paris. One of the remarkable features of the case was its perfectly regular form and smooth appearance, which is not common in tuberculous disease. It had been a year in growth, and was always free from protuberance. The anterior part was ulcerated and fungous, with an abundant discharge of thin pus, which, joined to an appearance of fluctuation throughout, had caused it to be considered an encephaloid sarcocoele. The cord was sound, but the testicle of the other side was slightly bossed and increased in size. If we were not afraid of making a bull, we should say, that here was a relapse before the first testicle was extirpated, at all events, it is a fair illustration of what frequently occurs after the removal of a testicle. The survivor is here too evidently diseased to admit of any doubt of its ultimate fate, unless some scrofulous medication should be fortunate enough to arrest the progress of the disease. When the second testicle has been extirpated, will the disease stop there?—A case of tuberculous sarcocoele, with ulceration of the scrotum, is in the Hotel Dieu, under the care of M. Michon, the substitute of M. Roux. The other testicle, which, on dissection, was manifestly tuberculous, had been extirpated in the month of February, at which period not the slightest appearance of disease existed in the one now attacked. The ulceration of the skin over the former testicle having extended to the penis, the whole of the ulcerated portion was carefully removed. The old cicatrix has now broken up, and the testicle makes its appearance through the ulcer. The patient endures great pain in the diseased parts, and is labouring under cough and fever, which leads to an apprehension of tubercles in the lungs. If this should be confirmed by auscultation, as is most probable, the operation will be avoided, but as the cord is free from disease, M. Michon is disposed to extirpate a second time, if the state of the lungs should not absolutely forbid it. Even in that case there seems to be no chance of success; but the patient is extremely anxious to have the operation performed at all risk.—A patient has just left the hospital, in whom a relapsed tuberculous testi-

cle had been extirpated by M. Roux. When the first was removed, the second was perfectly sound; both contained scrofulous tubercles. The patient complained of great pain in them, which is not usual in tubercles of the organ in question; he suffered also from a dragging pain in the kidneys to such a degree, as to occasion syncope. The case was complicated by venereal exostoses and nocturnal pains, which were exasperated by mercurial frictions. An attempt was made to effect a cure by protoiodure of mercury and sarsaparilla decoction, which cured the syphilis, but left the disease of the testicle without amendment. The second extirpation having been effected, it remains to be seen whether the scrofulous affection will or will not attack some other part. In connexion with this subject, it may not be amiss to remark, that the amputation of scrofulous limbs for white swelling is so frequently followed by the appearance of the same disease in other parts, as to make it a matter of doubt whether, in the majority of cases, any greater advantage is derived than a mere respite of suffering. M. Lugol, of the Hospital St. Louis, as we have already reported, maintains that many condemned limbs are perfectly curable by iodine, and it might be worth while to consider, whether in cases where the disorganization is too great to admit of relief without operation, a systematic treatment afterwards might not be desirable to prevent relapse.

CORRESPONDENCE.

VACCINATION IN IRELAND.

To the Editor of the 'Medical Times.'

SIR,—The Poor Law-Commissioners, I presume, are not aware of the difficulty which medical men experience (owing to the superstitious fears of the lower orders in Ireland) in insuring the return of children on the eighth day of vaccination, for the purpose of inspection, and obtaining a supply of lymph; and I should like to know how a "tender" vaccinator in an extensive district, under the sixpenny system, is to vouch for the successful issue of the operation, so as to be able conscientiously to certify the very liberal amount to be afforded him for his services. The chances are, that not one in ten of those whom he vaccinated will return within the prescribed time for his examination, and if he be obliged to visit each case on the eighth day, it is to be hoped that a steam-carriage will be provided for his use by the guardians. I have, for nearly twenty years, paid the most particular attention to vaccination, and if I have to detail the broken promises of parents, nurses, and relations, who pledged themselves in the most solemn manner to bring the children back for inspection, they would occupy columns of your valuable Journal, and yet the Poor-Law Commissioners, in their wisdom and knowledge of the habits of the Irish peasantry, refuse to sanction the contractors demanding a deposit, so as to secure the return of the person vaccinated. I hope no man of character or respectability in the profession will accept their paltry, degrading pittance. We want the pruning knife of your bold and uncompromising periodical to remove many of our Irish excrescences.—I am, Sir, yours,

A THOROUGH REFORMER.

November 26, 1840.

FOREIGN SOCIETIES.

ANATOMICAL SOCIETY OF PARIS.

Cyst liable to be mistaken for Hydatids.—This had been taken from the front of the rotula. On evacuating its fluid, the coats were lined by a considerable number of small irregularly round, whitish and transparent bodies. They were soft and friable. Some surgeons have erroneously considered these bodies to be the remnants of hydatids, but were this the fact, the parent must be the cyst in question, and that again must have been enclosed in another firm cyst or sac. The true hydatid may in fact contain within it smaller

ones in great number, of various sizes, and some no larger than a pin's head, but they all contain a clear fluid capable of coagulation. These young hydatids growing in the coats of the parent, when examined by the microscope, are not found to be set in the coat like pearls, but to be covered by a thin transparent membrane, so as to lie between two layers. Sometimes they form clusters, and at others float in the liquor of the larger hydatid; nor is the cyst which forms the subject of this report what is denominated the *spurious hydatid*. M. Velpeau and others consider these bodies to be transformed blood. In some cases the several stages of transformation may be traced. M. Maisonneuve, who exhibited this preparation, considers the matter to be formed by secretion from the blood, and more probably albuminous than fibrinous.

DUNGLOE DISPENSARY.—On the 25th November, George Frazer Brady, Esq., was appointed to the post vacant by the resignation of Dr. Coote.

Died at Campbeltown, of fever, 31st ult., T. Hunter, Esq., Surgeon.

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PROFESSIONAL SKETCHES.

THE "SCIENTIFIC" SOCIETIES OF LONDON.

AMONG the other lions of London, no honest chronicler omits those societies facetiously denominated "scientific" and "learned." Meetings of these bodies ever and anon take place, when 'papers' are somnolently snored out to some ten or twenty dull 'potterers' by a drowsy secretary; but wherein consists the science—unless it be in the tedious detail of nomenclature—or wherein the learning—unless such rests in barren technicalities—we never yet met one who had discovered. The meetings are sometimes enlivened by the progress of a balloting-box from hand to hand, foretelling the admission of some new member to the *scientific* brotherhood. Hence another question, Why do they wish to join? The science is usually discussed to empty benches, *not five per cent. of the members ever attending the meetings of any one of the "scientific" societies*—the attendance being most meagre at those of greatest pretensions. Malice might suggest that members entered for the mere purpose of tacking certain hieroglyphical initials to their names. Science forbid that we should harbour such opinions. No, we glory in the belief that science and learning are alone worshipped, and that all who sport the honoured appendages of F.R.S., F.S.A., F.M.C.S., F.M.B.S., F.W.M.S., F.L.M.S., A.S.S., and so on, are superior to all the Hunters, and Brindleys, and Arkrights, and Fultons, and Franklins, and such vulgar disciples of science who ever existed. These "scientific" societies are plentiful, and their *habitats* are as various as their objects. Somerset House boasts the *Royal*—(which enrolls all Dukes, Princes, and others who are born scientific)—the *Antiquarian* (whose members know more about Roman mile-stones and Mosaic pavements than the men who made them), and the *Geological*, (where they propound theories and explain facts which so shatter the orthodox seven days' Creation, that they shut out reporters lest the science should corrupt the morals of the people through the columns of the newspapers). Going west, the Adelphi boasts the Society of Arts, with Barry's pictures; the Strand the *Electrical*, its attractions and repulsions, and St. Martin's Place the *Statistical* (with its show of figures), and the *Royal Society of Literature* (with its Turkey carpets and its show of Bishops). Regent Street boasts the *Geographical*, where you see Captain Washington (not he of Bunker's Hill, but he of the blue coat and bright buttons), and the *Horticultural*, where

These belles who are blues, courting the Muse,
And talking of "vast intellectual views,"

congregate to discuss the merits of cucumber-beds, forcing-flues, fructification, *cryptogamia*, and cauliflowers. Sackville Street gives us

my Earl Stanhope in his glory—playing the peer-apothecary at the *Medico-Botanical*, *lith-pin* Latin and *tasthin* tea, prepared by the fair hands of the Right Round-faced Father in—*Physic*, George Gammon Gabriel Sigmond, whose whole name we have as much pleasure in repeating, as had our worthy friend Dr. Primrose, of Wakefield, in rehearsing that of Miss Catherina Wilhelmina Victoria Skeggs.—Then we have the *Entomological*, where you may find all manner and kind of fleas, bugs, and beetles, and as many species of louse as shall suit the most diversified and fastidious tastes—and the *Phrenological*, where the organ of destructiveness is miraculously found well developed in every man executed for murder, ideality immense in every poet, calculation in Kilkenny Hume, and cupidity in Daniel O'Connell. Then there is the *Numismatic*, whose members part with coin that *will* go for coins that *will not*—the current exchanged for the counterfeit, and *malgre* the proverb, mouldy Queen Anne's preferred to modern Queen Vic's,—and the *Asiatic* with their Sanskrit, and the *Civil Engineers* with their Railroads, and *Linnean* with the President's cocked hat and the tea and toast in the library (the pleasantest leaf in their Transactions, by the way), and the Botanical with its juvenile humbug, and the *Royal Institution* with Faraday and his first-rate chemistry all the week, and his "salute ye one another with a holy kiss" on Sundays—and last, not least, the Medical Societies, the *pure Medico-Chirurgical* with its professional aristocrats in Berners Street, the *London Medical* in Bolt Court—the paradise of potterers—and the stronghold of the professional *OL POLLOI*, the *Westminster Medical* in Exeter Hall. This last it was our intention to describe in all the length and breadth of its glory, but the mere enumeration of the shrines of science with which our modern Babylon is enriched, has so far encroached upon our space as to postpone further progress for a week.

THE SMALL-POX IN THE METROPOLIS.—Extracted from the Weekly Report from the General Register Office. The deaths from small-pox in the Metropolis have rapidly increased within the present year. At the close of 1839, they were 5 weekly; in the last week of last October, they amounted to 54. The rate of increase will be apparent from the subjoined statement:—From Jan. 5, to March 14, they were 72, or 7 weekly. March 15, to May 23 " 46, or 12 do. May 24, to August 1 " 148, or 15 do. August 2, to October 10 " 225, or 22 do. Deaths from small-pox in the Metropolis are now 5 daily.

The situation of House-Surgeon, in the North Staffordshire Infirmary, is now vacant by the resignation of Mr. Davis. Salary, £70 per annum, with board and lodging. Mr. S. M. Turner, and one or two others, are already in the field.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE EYE (CONTINUED).

INFLAMMATION OF THE EYE.—It sometimes happens that the whole globe of the eye is inflamed at the same time. Most commonly either the external parts, or the internal parts, or some particular tunic belonging to one of those divisions only, is the seat of disease. Inflammation usually commences in one particular texture of the eye, and very often it is confined throughout its progress to that particular texture, although it may extend from its original seat to some contiguous part, and, in fact, in some rare instances, to the ball of the eye. The various parts that compose the globe of the eye are extremely dissimilar in their textures, and, consequently, the morbid phenomena which they exhibit are very unlike each other; the treatment, therefore, which is required in the case of inflammation affecting different parts of the eye, in many cases differs in very important particulars. You will easily understand that the changes produced in the organ are different, whether inflammation is seated in the mucous membrane, the conjunctiva, the fibrous coat, the sclerotica, the iris, or the retina; and you will be able to comprehend that these differences must vary according as the inflammation occupies the one or the other of those seats. Inflammation in either of them is certainly an inflammation of the eye; it would fall under the technical denomination of *ophthalmia*, but the appearance of the organ would be widely different in each instance. We cannot attempt to describe, under one head, all the inflammations that affect the globe of the eye; it would be like endeavouring to describe, under one term, all the inflammations that affect the abdomen. You will easily suppose, that if anybody were to attempt to describe inflammation of the abdomen under one term, whether it was situated in the integuments, the muscles, the serous membrane, or the various viscera, that the account would be almost unintelligible; you could not include in one description all the phenomena of disease of the abdomen; but if you were to attempt it, the account would not be more unintelligible than that which classed under the head of *ophthalmia* all the inflammations affecting the eye; yet this term has been very generally employed, and more particularly by English writers; the consequence is, that you have, under the head of *ophthalmia*, some general observations that are applicable to no particular description at all.—I may observe to you, in the first place, that in the TREATMENT of inflammations of the eye, although the organ is small, and the affection may seem to be, in most respects, a local disease, capable of being arrested by simple local treatment, you will find it necessary to adopt very active measures in the early period of the case. Persons are too apt to suppose, that it is merely an "inflammation of the eye" as it is called, and that it will be sufficient to employ some three, four, or half-a-dozen leeches, with a wash, and a little medicine internally. But this, in fact, is a total mistake; such a proceeding merely wastes time, and is of no benefit whatever. Inflammation attacking the very delicate textures of the eye, though not very violent, speedily produces such changes in them, that if it be not arrested they are rendered incapable of performing their functions, and, consequently, a very serious condition of the parts may be thus produced. It is necessary, therefore, to adopt very active treatment, not on account of any danger to life, or any particular suffering, but to prevent those changes of structure which will afterwards impair the function of the organ, or render its delicate textures entirely incapable of performing their intended

ends. It is very often necessary, therefore, to bleed as largely from the system as would be required in the case of inflammation of the heart, or lungs, or any other important internal organ. This active treatment, in its early stage, is not only important for the prevention of injurious changes, but also to prevent inflammation becoming seated in the eye, and assuming that form which is called

CHRONIC OPHTHALMIA—chronic inflammation of the eye. This is nothing more than active inflammation, which has been either neglected by the patient, or ineffectually treated by the surgeon. If active inflammation be treated in a judicious manner in the early period of the affection, you never have any trouble with chronic inflammation afterwards.—The mucous membrane of the eye is liable to inflammation, which presents itself to our observation under various modifications. The general characters of inflammation attacking a mucous membrane, are, increased vascularity of the mucous surface (that is, distention and apparent increase in the number and magnitude of the vessels ramifying on the surface of the membrane); increased thickness of the membrane, which is principally the result of effusion into the cellular texture by which the mucous membrane is connected to the surrounding parts, so that a swelling of the membrane appears to take place; and increase in the quantity of the fluid, which is naturally poured out from the secreting surface of the membrane, with an alteration in its quality; it loses its transparency, becomes opaque and thicker, and commonly, if the inflammation run to a considerable height, assumes a thick yellowish appearance, which is nearly similar to that of pus. These alterations are observed when inflammation attacks the external surface, that is, the mucous membrane of the eye and eyelids; for as the mucous membrane not only covers the anterior part of the eye, but also lines the internal surface of the palpebræ, the change which attends this condition is common to the lining of the eyelids, and the anterior covering of the globe of the eye.—The conjunctiva of the eye is liable to a mild inflammation of a catarrhal character produced by atmospheric causes, the same as those which produce catarrhal inflammation in other mucous membranes.

CATARRHAL OPHTHALMIA.—This usually is a comparatively mild affection, very manageable, not proceeding to any injurious effect, unless it is either greatly neglected or injudiciously treated. The membrane becomes red, the redness being of a bright scarlet tint, in consequence of the distended vessels occupying the very surface of the organ. You see that the vessels of the conjunctiva are enlarged, and, being so situated, they give a bright scarlet tint, a vivid red appearance to the eye. The mucous secretion of the conjunctiva becomes rather thickened, and assumes a whitish or yellowish cast, and you can see yellowish streaks of this altered secretion lying between the inferior palpebræ and the globe. Sometimes it is just sufficient to agglutinate the edges of the lids during sleep, or it may be copious enough to incrust around the cilia, and assume the form of a muco-purulent discharge from the surface of the eye itself. Very little pain attends this condition; there is a little, perhaps, after the full development of the affection, but although you may perceive the eye to be very red and bloodshot, the patient hardly complains, can open his eye freely to the light, of which there is no intolerance. If the complaint be more active, and pain be present, it generally assumes a peculiar character. The patient experiences a sensation as if a portion of sand, or some foreign substance, intervened between the globe and the lid. This sensation is, in fact, so deceptive, that persons can hardly be convinced that dust, or some other foreign body, has not gained admission into the eye. The cause of it is, I believe, that the vessels of the conjunctiva are in general unequally distended. They are not equally filled throughout, and the consequent inequalities on the surface produce, by mechanical friction, the peculiar sensation in question. If the catarrhal inflammation be very violent, there may be a little effusion into the cellular texture under the conjunctiva covering a part of the cornea, and a slight appearance of the swelling called *chemosis*, of which I shall have to speak presently. The inflammation, however, hardly ever extends

to the cornea, so that catarrhal inflammation is not attended with any serious change of the parts of the eye. With this affection, particularly if it attack both eyes, there may be more or less of the fever which attends catarrhal attacks; some pain of the head and chilliness at night, with a remission in the day-time.—**TREATMENT**: a mild antiphlogistic treatment may be necessary; active means need not be adopted. If there should be catarrhal inflammation of both eyes, it may be requisite to take blood from the arm, but this is not in general the case; lotions to the eyes, active purgatives, and, after these, salines and antimonials to determine to the skin, immersion of the feet in warm water on going to bed, and perhaps a full dose of Dover's powder at bed-time; these are the means to be used in catarrhal inflammations of the conjunctiva, and they, or other mild antiphlogistic measures, will generally put a stop to them.

PURULENT OPHTHALMIA.—Purulent ophthalmia, though differing perhaps from the catarrhal only in degree, is a much more serious form of the disease, especially that form of it which has been called *Egyptian Ophthalmia*, in consequence of its having prevailed extensively not only in the English armies, but amongst all the Europeans occupied in the campaigns in Egypt, and sometimes *contagious ophthalmia*, from the belief that the matter from the eyes of diseased persons is capable of affecting the sound eyes of others. In this affection there is much more active inflammation of the conjunctiva; the surface of the membrane is intensely red, from the intense congestion of its vessels, the membrane itself becomes swelled; its texture seems to be distended throughout; hence that part of the membrane which covers the anterior portion of the sclerotic coat is raised into a large tumid ring; it surrounds, and frequently, from its size, overlaps and covers a large part of the cornea. This tumid ring is called

CHEMOSIS,—and is produced by serous effusion into the loose cellular texture which connects the conjunctiva to the sclerotic coat. The same effusion takes place on the external surface of the conjunctiva, where it lines the lids, into the loose cellular texture which lines the eyelids themselves, and hence very considerable tumefaction of the palpebræ accompanies the affection; so considerable, indeed, that the lids sometimes form large convex masses, which close, and render it very difficult to obtain a view of the eye. In conjunction with this, a very copious thick yellow and puriform discharge issues from the conjunctiva, pouring out between the eyelids in a stream, and running down over the surface of the lower lid and the cheeks, staining the linen of the patient. Hence it is that the name of *purulent* or *puriform inflammation* of the eye, has been given to the affection.—Now this puriform ophthalmia generally commences in the lining of the eyelids, to which, for a day or two or more, it may be confined. It then extends to the conjunctiva covering the globe of the eye, inducing swelling of that part of the membrane, and the chemotic elevation around the cornea. So far the disease is of no very great consequence, for it is as yet confined to the conjunctiva; but if it continues, it extends to the globe itself, to the cornea, with deep-seated pain in the globe produced by the sensation of sand in the eye, and is capable of producing consequences of the most serious kind; such, for example, as sloughing, and general or partial ulceration of the cornea. This ulceration often takes place just at the edge of the cornea, extending in the form of a trench around its margin, sometimes all round, sometimes half, sometimes three parts round, penetrating the whole depth of the membrane, and going sometimes completely through into the anterior chamber, when the aqueous humour escapes, and the iris protrudes, or there is interstitial deposition into the substance of the cornea, which is rendered opaque. Where the complaint has been checked, or has come to a natural termination without producing any of these consequences, another condition is produced of the chronic kind; the inflammation is lost, the cornea remains clear, but the thickened conjunctiva assumes a granular firm surface, and is raised into small prominences very much like the granu-

lations of a healthy ulcer; this change is called a granular state of the conjunctiva, and takes place in the protracted stage of purulent ophthalmia. It occurs in the conjunctiva where it lines the palpebræ, and produces a mechanical irritation on the surface of the cornea whenever the globe of the eye moves against the eyelids. The palpebræ in their natural state are perfectly smooth and polished, but instead of this, you have now a rough granular surface moving over the eye, causing an opacity, a haziness of the cornea, and producing an enlargement of the vessels, and a vascularity of the cornea. A granular state then of the lining of the eyelids, and this vascularity, are chronic consequences of purulent ophthalmia, occurring in the protracted stage of the affection.—I have mentioned to you, that this complaint has been called by some *contagious ophthalmia*, and an opinion very generally prevails that it really is contagious; that it is capable of being communicated from the eyes of diseased to those of sound persons, through the medium of the puriform secretion of the membrane. It is, perhaps, rather doubtful, whether this fact has been clearly ascertained, for it is difficult, or almost impossible, to make experiments on the living subject. We certainly find that under particular circumstances the complaint spreads with great rapidity through numerous individuals, that is, among the inmates of hospitals, of barracks, of prisons, of ships, and in situations where numbers of persons are crowded together. At the same time, if the patients be separated, and go to their respective families, we do not find that the disease is extended there; on the contrary, those individuals recover, and the complaint goes no further. It may be a doubt, therefore, whether the spreading of the complaint under the circumstances in which it has been observed to take place, and in which, during the close of the late wars, on the continent in particular, it was so destructive among the soldiery, that is, where it extended in barracks, ships, and so forth, arose from the application of the contagious discharge, or from those unfavourable effects upon health which arise when many individuals are crowded together. However, until this point shall be settled, it is certainly best for us, in practice, to act on the supposition that it is contagious; and when it exists in one individual, to separate him from others, allowing no sponges, rags, towels, or other articles that may be employed by the patient to be used by healthy individuals.

The **TREATMENT** of this affection, you will readily understand, must be of the most active antiphlogistic kind. In the treatment of it in the army, where it prevailed so extensively, it was found necessary to bleed patients very largely in the early stages, and in robust individuals, it was sometimes necessary to take thirty or forty ounces. I believe it was necessary, in some instances, to take as much as fifty or sixty ounces in a very short time from the arm, and to follow up those bleedings until the inflammatory symptoms were decidedly stopped, employing all the other means we usually have recourse to in treating very active inflammation.—It has been proposed, both in the treatment of catarrhal and purulent ophthalmia, instead of having recourse to active antiphlogistic treatment, to employ, in the early stages, powerful local *astringents*, in order to put a stop to the disease by the change which they are capable of producing in the state of the membrane by direct application. This plan arose, I believe, among gentlemen who practised in the army, and was first introduced by M. Bellini, who was a staff surgeon for a considerable time; he says, that in all cases of catarrhal ophthalmia of which he had the management, he used to drop into the eyes, once or twice a day, a pretty strong solution of the nitrate of silver, a solution which has varied from two to ten grains to an ounce of distilled water; and a drop of this solution once or twice in the course of the twenty-four hours has been let fall into the eyes. It has been alleged, that this astringent has checked the development of the disease in its very early stages, and that there has been no necessity to have recourse to the very active antiphlogistic treatment, which is necessary where this proceeding has not been adopted. Mr. Mackenzie of Glasgow, a very competent authority, in

consequence of his practice in the Glasgow ophthalmic schools, has given his recommendation of the practice, in cases of catarrhal ophthalmia, of dropping, between the eyelids, one drop in the twenty-four hours of a solution of the lunar caustic—a solution of four grains to the ounce; he has also applied to the eyes, cloths dipped in a solution of the oxy muriate of mercury—one grain of the oxy muriate to eight ounces of distilled, or rose, water—which is very weak; and to the edges of the eyelids, at night, a piece, the size of a large pin's head, of a weak ointment, made with twelve grains of the red precipitate, incorporated with an ounce of fresh butter. Mr. Guthrie, among others, has strongly supported this practice.—Newly-born children are frequently the subjects of purulent ophthalmia; this has been called the

PURULENT OPHTHALMIA OF NEWLY-BORN CHILDREN.—It is, in fact, purulent inflammation attacking the conjunctiva, and exactly the same in all its essential features with the complaint, as I have described it, in the adult. It commences in the mucous lining of the eyelids, extends to the mucous covering of the globe of the eye, and, if not checked, passes to the cornea, in which it is capable of producing the effects I have already mentioned—sloughing, ulceration, interstitial deposition, and opacity of the cornea. The disease is apt to be overlooked in children, and the purulent discharge agglutinates together the edges of the eyelids; the eyelids themselves are swelled, so that unless you take a good deal of trouble to examine the state of the eye, you are not aware that the conjunctiva is at all diseased. It occurs, perhaps, in about three or four days after birth, when children are under the care of nurses and females, who usually satisfy their minds on the subject by supposing that the child has merely got a cold in the eye, and as the infant cannot express its sensations, the disease goes on without being observed, frequently producing the worst effects on the organ before our attention is directed to it. When this affection puts on its most serious form, there is not only a great tumefaction of the eyelids, but the upper lid, particularly, becomes of a bright red colour, and a very large quantity of thick, sometimes a deep-yellowish, discharge passes out from between the eyelids, staining the cap and linen of the child. Frequently the palpebræ become everted, in consequence of the efforts of the child in crying, so that *ectropium* is produced in addition to the other symptoms.—**TREATMENT:** Now, in a case of the most serious kind, where the inflammation runs the highest, where the upper lid is considerably swelled, of a bright red and shining appearance, and where there is a large quantity of deep-yellowish discharge, it may be necessary, perhaps, to apply one or two leeches to the tumid palpebræ. Generally one leech is sufficient, a very large quantity of blood will be drawn off by one; a great diminution will take place of the swelling, and you may purge the child actively by administering a grain or two of calomel, with magnesia or castor-oil afterwards, applying saturnine lotions to the eye. Where the active symptoms are diminished by these means, or, in other cases, where the symptoms are not of an active kind, but where there is considerable swelling of the lids and a copious discharge, the treatment may be restricted simply to mild aperients and local astringents; you may keep the bowels open by castor-oil or magnesia, and apply to the surface of the eye an astringent, by means of a syringe throwing in between the palpebræ a solution of from two to ten grains of alum to an ounce of distilled water, beginning with the weaker form, though you may generally pretty safely commence with the strength of four grains to the ounce; the local astringent is borne very well in these cases without any previous antiphlogistic treatment.

ACUTE GONORRHOEAL OPHTHALMIA.—Acute gonorrhoeal ophthalmia is an affection essentially similar to the purulent inflammation of the conjunctiva. It occurs in individuals who are affected with gonorrhoea, and takes place at various periods of the complaint; not occurring, as it has been sometimes stated, in consequence of suppression of the gonorrhoeal discharge (for, in the great majority of instances, the gonorrhoeal discharge is not suppressed), though it generally comes on

when the discharge from the urethra is declining. In some cases there is reason to suppose that the discharge from the urethra has been applied to the eyes of the individual, for there is pretty clear evidence that the affection has been extended by the direct application of the discharge from the urethra in one individual to the eyes of another person. This seems to be the more dangerous mode of contagion, for in general it appears, that the diseased secretion from one part of one individual does not excite disease in another part of the same person. I think Hudibras was of this opinion, for he says,

"No man of himself doth catch."

However, when it is caught from others, the most serious form of conjunctival inflammation is produced. In many instances, however, this acute gonorrhoeal ophthalmia arises where we cannot trace any evidence of the application to the eye of the discharge from the urethra; it seems in them to arise from some cause that eludes our observation, or where its occurrence may, perhaps, be ascribed to some peculiar constitutional condition, to something of the rheumatic kind. However, this acute inflammation of the conjunctiva is one of the most rapidly destructive affections of the eye that can possibly take place. It exhibits all the characters of the purulent ophthalmia in their highest degree of disturbance. The intense redness, the extensive swelling, the chemosis, and the profuse discharge of a thick yellow fluid, just like that which is produced from the urethra in gonorrhoea, ensue, and the disease proceeds in a very short time to all its destructive effects on the cornea—sloughing, ulceration, and opacity.—**TREATMENT:** In forty-eight hours, or a little more, sometimes we find the affection has proceeded to such an extent as to be out of our control. It is, therefore, of the highest consequence to adopt the most energetic treatment, as soon as we have the opportunity of treating it at all, though in many cases we are not called in until unfortunately it is too late to prevent mischief. In instances where we see the patient early enough, by extremely active antiphlogistic treatment, that is, by the general loss of blood, followed up by cupping or leeches; the taking away of as much blood as you would from a person labouring under pleurisy, inflammation of the liver, peritoneum, or pericardium, you may save the eye; but not by any means short of these. This is a case in which, perhaps, it might be particularly advisable to try the local astringent plan at a very early period of the affection, but, unluckily, we are not in general called in to such cases till they have got beyond that stage; and, I think, either in a case of gonorrhoeal ophthalmia, or in a case of purulent ophthalmia, this local application of astringents would be out of place, when the disease has proceeded from the mucous surface to the globe of the eye. It is only applicable while the disease is yet confined to the mucous membrane.—I should have observed to you in the *treatment of purulent ophthalmia*, that after the active inflammatory symptoms have been removed by the treatment I have described, when the severe pain has been diminished and the swelling subdued, but a copious discharge continues, the membrane having become of a less bright red, and being flabby or pale, then you may properly substitute for the active treatment the application of local astringents, and the employment of tonics internally. The solution of alum, of the nitrate of silver, and of the undiluted liquor plumbi acetatis, are the best. The last is by no means too strong; it acts powerfully, but you may safely use it. After the active antiphlogistic treatment, these constitute the best means for preventing the granulations of the conjunctiva, and the opaque and vascular state of the cornea which would ensue.

STRUMOUS OPHTHALMIA.—The affection which is called *strumous ophthalmia*, is seated in the mucous membrane of the eye; it occurs in children. There has been slight increased vascularity in the vessels, but you see that the vessels are distended in various fasciculi, the intervening membrane being hardly enlarged at all in appearance. The enlarged vessels run over the cornea, and terminate in little elevations which have been called pustules, but which appear to be rather a

kind of vesicle, and will proceed to ulceration of the cornea. Severe pain attends this affection, and although the eye is not much reddened, there is, in particular, a very great degree of intolerance of light. The patients, who are generally children (it does not appear after puberty), cannot bear the slightest light; they put the muscles into spasmodic action, keep their eyes shut, put up their hands to them, run their heads into any dark corner, draw them under the bed-clothes, and express the greatest suffering whenever exposed to the light. In conjunction with this, you very frequently have other evidence of strumous disease in these patients.—**TREATMENT:** The treatment here must be rather general than local. You must employ the means I have already explained for strengthening the system, and you must rely more on these than on local applications. In the first or inflammatory stage, which is often very short and hardly perceptible, it may be necessary to apply a few leeches; counter-irritation is useful afterwards, that is, the application of blisters behind the ears, or on the neck, or rubbing in in those situations the tartar-emetic ointment. To the ulcerations that occur in the cornea, the solution of the nitrate of silver is often applied with advantage. In this strumous inflammation, there is often a loosening or thickening of the texture of the conjunctiva, a deposition into the interstices of that membrane where it covers the cornea, and an enlargement of the vessels which supply it; the vessels becoming injected with red blood, instead of conveying colourless fluids, the transparency of the cornea is materially impaired; and in cases which have lasted for a long time, the cornea becomes covered with a loose membrane, a good deal similar to that which covers the rest of the globe of the eye; this membrane has been technically called *pannus*. Pannus means cloth, and this covering is something like a piece of red cloth over the cornea. It merely consists in a very considerable change of the conjunctival covering, a sensibility, loosening, and an opacity of the membrane.

The inflammation of the *external proper tunics of the eye* (that is, of the sclerotica and cornea) present very different appearances from those which are seen in inflammation of the conjunctiva. When the sclerotica is inflamed, its vessels are distended and increased, redness of the eye is produced; but then a pink or livid tint is presented, instead of the bright swelling which belongs to conjunctival inflammation. In fact, the redness of the sclerotica, as seen through the conjunctiva and the coverings external to the inflamed vessels, gives the peculiar tint which I have mentioned to you. Sometimes it is of a rose colour, sometimes of a deep livid or violet colour. You observe, if you look on the surface of the eye, enlarged trunks or blood-vessels of the same tint, or violet appearance; but if you examine or trace them backwards, you will see that they soon quit the conjunctiva, and are, therefore, vessels situated between it and the sclerotic coat. In this pinky state of the sclerotica, you will find the conjunctiva but little affected; perhaps, occasionally, its vessels are slightly enlarged, but the material change in the external appearance of the eye, arises from the change in the condition of the vessels of the sclerotica. This pink or livid tint of the sclerotica is observed most particularly in the form of a zone round the edge of the cornea, the posterior part of the membrane being free from it. In conjunctival inflammation, the most intense red is in the circumference of the globe; the anterior part of the cornea is less red. The cornea receives its vessels, no doubt, from those which ramify on the sclerotica; when the latter, therefore, is inflamed, the former very readily becomes opaque. Considerable pain and intolerance of light attend this affection; the patient keeps his eyes closed. There is increased lachrymal discharge, particularly if the patient opens the eye; or while you are examining it against the light, you find a large quantity of lachrymal secretion pouring out under the lid. In conjunctival inflammation the increased secretion is mucus, which generally assumes an opaque and somewhat puriform appearance. These are the characters of inflammation of the sclerotica: pink or violet tint of the inflamed membrane, pain of the eye, intolerance of light, increased lachrymal

secretion, and haziness of the cornea, if that be at all involved. When this affection is very violent, and the cornea partakes of it, the vessels of the conjunctiva are rapidly distended. There is so intimate a connexion between it and the sclerotica, that the vessels of the one cannot be much distended, without the other partaking of the affection, and chemosis being produced; that is, the conjunctiva swells around the margin of the cornea, the cornea loses its transparency, turns of a grey, and then of a whitish, colour, matter forms between the laminae, suppuration takes place, and then ulceration on the surface; but you do not find that the matter points and discharges itself externally in a visible form, like fluid pus; in this case the yellow appearance which takes place, which constitutes suppuration of the cornea, is produced by the deposition of a thick viscid matter into the interstices of the cornea; the mode in which that is got rid of, is by the ulceration of the cornea at the part in which the yellow matter is situated; this may take place on the inside, so that a yellow matter may pass into the anterior chamber, and sink to the bottom, forming *hypopyum*, the consequence of which may be prolapsus iris, when the ulceration extends through the cornea.—You will easily understand that the TREATMENT of a case of this sort must be of the most active kind. You must take blood from the arm, cup, and apply leeches about the eyes, and employ all the other antiphlogistic means.—There are numerous forms of this external inflammation of the eye, that is, inflammation of the proper tunics, some of which are less, and some more active in their nature.

VARIOLOUS INFLAMMATION OF THE EYE—that inflammation which takes place in small-pox, comes under the head I am now describing. In small-pox you have variolous pustules forming around the margin of the eyelids; and these, together with those on the external surface, are attended with great swelling and closing of the lids, and blindness; the patient is as blind as if you were to tie a bandage across his eyes. Yet the eye is not affected; the blindness is merely from swelling of the lids. But you may have variolous pustules form on the cornea—an affection which exposes the eye to the most serious dangers; and you can hardly tell perhaps when this has taken place, because, as the palpebrae are already closed by the great tumefaction consequent on the variolous pustules, you have no means of distinctly judging of its condition. You will find, however, if the globe of the eye be the seat of the inflammation, that there is a deep-seated pain in it, a sense of uneasiness in every part of the globe, uneasiness when light is admitted; if, on the contrary, the palpebrae alone are affected, and the eye is free from disease, you have an absence of those symptoms. So that by attention to points described, you can pretty well distinguish whether the globe is the seat of variolous inflammation or not, although you cannot see it.—It happens very frequently that variolous pustules appear on the cornea, just when the scabs on other parts are falling off; their development is attended with all that inflammation of the eye which you may naturally expect from affections of this very serious kind, and it is necessary to employ very active treatment, in order to save the eye.—In measles and scarlet fever there are sometimes slight external inflammations of the eye, but they are of no very material consequence.

In the cases of external inflammation of the eye, which I have now mentioned, I have had occasion to speak of certain changes produced in the cornea, and of these I have a few more words to say.—With respect to sloughing of the cornea, we have no particular treatment to adopt. If the inflammation be stopped, and the sloughing partial, the dead portion of the cornea will be separated, and ulceration will be the consequence; this may heal up, and the patient may recover his sight; or if the sloughing be more considerable, its detachment may so weaken the cornea, that it will bulge out and constitute partial staphyloma; but still the treatment depends on the general affection; you have no particular treatment with respect to sloughing of the cornea. If sloughing happen, considerable change will sometimes take place in the symp-

toms. The hard and full pulse is exchanged for a feeble and weak one; the patient becomes pale, and symptoms of debility arise. If that change take place after the sloughing, you may deem it necessary to administer bark, and adopt a tonic course of treatment. This is frequently necessary, particularly in children, where sloughing of the cornea takes place in consequence of purulent inflammation. The most eligible form of using the bark is the *resinous extract*, which can be administered in doses of about six or eight grains every six or eight hours; the dose can be broken down with a spoon, and blended with a little milk, so as to be easily administered. Ulceration of the cornea generally does very well, when the inflammatory disease that produced it is put a stop to. An idea has prevailed, that ulceration of the cornea ought to be treated by the application of the nitrate of silver, but this seems to me to be an erroneous notion. If you put a stop to the cause which produces the ulceration, it will go into a healing state, and the chasm will be repaired by the natural process. So long as the destructive process continues, you find you have the yellow dusky appearance in a transparent form through the outer coat. When the ulceration begins to present a healthy cavity, you have an appearance as if the bottom of the ulcer were covered by a greyish or bluish jelly—a sort of ash-coloured appearance, that denotes the deposition of the new matter, which is to fill up the ulcerative chasm. You observe large vessels proceeding across the cornea to the ulcer; these are active in the work of restoration, carrying the materials, or producing the materials, probably, by which the repair is to be effected. When the ulceration, then, exhibits this greyish or bluish appearance, nothing further is necessary in the way of local treatment; you have only to keep all stimulus from the part, and the cure will be complete by a natural process.—In cases where the ulcer penetrates into the anterior chamber, and prolapsus of the iris occurs, it has been said that you should touch the parts with caustic, but this I do not think is necessary. When the iris is prolapsed, you will understand that it becomes adherent to the margin of the ulcerated cornea into which it has protruded, and, although the prolapsus may recede, as far as regards its prominence, yet it adheres to the ulcerated sides of the cornea. This is called *synechia*, which merely means adhesion of the iris to the cornea.—With regard to the deposition which produces opacity of the cornea, it may either be situated on the external mucous lining, producing a greyish appearance on the surface of the cornea, and be removed when the inflammation is completely put an end to, so that the cornea will recover from its opacity (and this is seen particularly in the purulent ophthalmia of newly-born children, where you may have it at the end of the cornea, exhibiting a light greyish tint or haziness), or if the interstitial deposition have taken place in the texture of the cornea or in the laminae throughout it, a dense state is produced as if pus or lymph were effused. This is called *leucoma* or *albugo*, and is incurable.—So far as the deposition into the texture of the cornea admits of removal, it either recovers by the natural action of the absorbents, where the inflammation that precedes it has been put an end to, just as any other deposition is removed after acute inflammation is stopped, or you may assist it by putting into the eye a solution of the nitrate of silver. This is one of the means best calculated to favour absorption in these cases.—When the substance of the cornea has been considerably weakened by the detachment of a large slough, and by extensive inflammation, it will very commonly happen, that the iris becomes adherent to that membrane on its posterior surface; and, afterwards, that the secretion of the aqueous humour into the posterior chamber of the eye, pushes forward the adherent iris and weakened cornea, so as to cause an irregularity in front of the eye, to which the name of *staphyloma* has been given. In cases, then, of very large ulcerations of the cornea, it is not uncommon to have this opaque, irregular tumour arising on the surface of the eye, after the eye has apparently recovered; that is, when the inflammation which has been the cause of the production of this tumour has ceased. The staphylomatous tumour consists externally of the thin, weakened, and protruded por-

tion of the cornea, and internally, of the iris lining and closely adhering to it; while the cavity of the tumour is filled with the aqueous humour. If the staphyloma continue to increase, becoming more and more considerable, it presses against the surface of the eyelids, mechanically irritates them, and produces great inconvenience. The irritation thus excited, very commonly affects sympathetically the opposite eye, and limits very much, indeed, the utility of it.—Under these circumstances, the only means of proceeding in our power, is the removal of the staphylomatous protrusion, by passing a cataract knife across its base, and shaving it off; the consequence of which is, that the contents of the eye are in a great measure evacuated, the tunics shrink up, the globe is reduced, and the inflammation and irritation are put a stop to, and, therefore, no longer act unfavourably by sympathetic influence on the other eye.

ON ANEURISM.

Aneurism of the Arteria Innominata and the Right Subclavian, with Obliteration of the Carotid.—Ligature of the Subclavian below the Clavicle, on Brasdor's principle.

THIS operation, after having been satisfactorily performed by M. Laugier, terminated fatally at the end of a month, in consequence of the ravages made by the aneurismal tumour which had eroded two dorsal vertebrae, together with the sternum, and had perforated the oesophagus. The patient, fifty-seven years of age, was received in the hospital for a pulmonary catarrh, the symptoms of which were probably occasioned by the co-existent aneurismal tumour. Externally, it was about the size of a hen's egg, and seated under the right clavicle, whose sternal extremity had been luxated forwards by it. The pressure of the tumour upon the air passages, from its impediment to respiration, obliged the patient to keep as much as possible in a sitting posture, leaning forwards with the head bent upon the thorax. The surface of the chest was covered with distended veins, which betrayed the pressure of the aneurismal tumour upon the subclavian trunk. The tumour, which was colourless, and pulsating simultaneously with the heart, appeared both above and below the luxated sternal articulation of the clavicle. Percussion of the upper part of the sternum, and of the right side of the chest, proved that the tumour extended behind the sternum and the ribs. The voice of the patient was enfeebled, the expiration whistling from compression upon the trachea.—The tumour had existed seven years externally, and was remarked to be pulsating, but its origin was traced to an accident four years previously. The dyspnoea was now constant, and accompanied with very harassing whistling cough, and difficult expectoration. As there was no possibility of placing a ligature between the heart and the tumour, it was determined to tie the subclavian artery below the clavicle. An incision was made in the direction of the fibres of the great pectoral, a varicose vein was divided and tied. The two fasciculi of the great pectoral muscle were separated with the finger and a grooved canula. Some of its fibres were incised, and the artery was tied with the usual precaution. This was not effected without difficulty, on account of the clavicle having been pushed forward, which increased the relative depth of the vessel. The pulsations of the radial immediately ceased, but those of the tumour continued. The difficulty and duration of the operation was increased by the impossibility of leaving the patient in a recumbent position which forced the tumour upon the trachea, and menaced suffocation. During the first fifteen days, the patient expressed himself to be greatly relieved, and could lie upon his back, but the oppression at length returned; he ex-

perienced pain towards the dorsal vertebræ, accompanied with shocks of the whole body. The right arm was painful, and numbed with a pricking sensation. The pulsations of the tumour, which had sensibly diminished, now returned; the cough was continual, with increased suffocation. Bleeding was employed with advantage; but the patient soon became so enfeebled, that although he was continually threatened with suffocation, it was not deemed safe to renew the loss of blood, and at the expiration of one month from the operation he was found a corpse in the morning, bent forward in his bed in a sitting posture. On the morbid examination, the sternum was found carious at its upper part on the right side. The aneurismal tumour covered the upper half of the right lung, extended into the mediastinum, and pressed both upon the bronchiæ and trachea. The clavicle and the three upper ribs were pushed forward; the bodies of the third and fourth dorsal vertebræ were carious, and covered with fetid pus; the œsophagus was perforated, but its erosion being exactly filled by the tumour, no liquid passed into the mediastinum. The arch of the aorta greatly dilated opened into the tumour, which was formed of the innominata and subclavian artery, and was almost filled with layers of fibrine. The right carotid, compressed by the tumour, was completely obliterated for the space of an inch; its coats were thickened and united by cellulous bands. All the branches of the subclavian, thirteen in number, were permeable, so as to be able to keep up the circulation of the tumour, and would thus have counteracted the success of the operation, had not the erosions existed within the chest to occasion death. The ligature applied at two lines from the origin of the acromial, had in a great degree divided the artery, and it embraced a clot which completely obliterated the vessel. False membranes had recently formed upon the pericardium. The right lung was both emphysematous and œdematous. The brain itself was suffused with serum.—The complete obliteration of the carotid artery, from pressure of the aneurismal tumour, has never before been recorded. In the case of Wardrop, where the subclavian was tied between the scalenæ muscles, the passage of the blood through the carotid had been impeded by the tumour; but when the latter had subsided in consequence of the operation, the arterial channel was restored.—This case of M. Laugier's is therefore the only one which affords an opportunity of appreciating the effect of the simultaneous obliteration of the carotid and the subclavian, at the part seated below the clavicle, in an aneurism of the subclavian and the innominata.—There is another remarkable fact of this case, which is the permeability of all the branches of the subclavian, notwithstanding the aneurism, which generally obliterates the collateral branches; all calculation as to the possibility of obliteration in such a case would have been illusory. These thirteen arteries are equivalent to a large trunk, and would, to a greater or less degree, keep up a circulation through the aneurismal tumour, which it is the object of the operation to destroy; nevertheless, in this case, a positive amelioration was evident, and the tumour diminished; but as the circulation continued, the tumour would doubtless have increased, had the patient much longer borne up against the disease in the surrounding parts. It seems, then, that notwithstanding the obliteration of the primitive carotid, and the subclavian at its part seated below the clavicle, the aneurism of the subclavian and innominata will persist, and although at first arrested in its progress, will afterwards resume its march, provided the branches of the subclavian remain permeable.

The aneurism in this case had extended too far into the subclavian to admit of the operation on that artery, on its exit from the scalenæ. If that could have been effected, the only branches left between the ligature and the tumour would have been those which come off within those muscles.—*Bulletin Chirurgical.*

ANTIDOTE TO ARSENIC.

To the Editor of the 'Medical Times.'

SIR,—In reply to a letter from a correspondent of yours, I do not think that in the preparation of the peroxide of iron, it is of the least consequence whether the solution is, or is not, allowed to cool before adding the nitric acid. As, however, we cannot be too familiar with this valuable antidote, I send you a copy of Mr. Newbury's formula—

R. Purified Sulphate of Iron . . 1000 parts.
Sulphuric Acid (sp. gr. 1,847) 200 do.
Water 4000 do.
Nitric Acid q. s.

“Dissolve the sulphate of iron in the water, and add the sulphuric acid; heat the mixture to ebullition, and add nitric acid in small quantities, until all disengagement of gas has ceased, and red fumes are no longer produced by the addition of acid, which indicates that all the iron has passed into a state of peroxide; suffer it to cool, and add to the solution twenty or thirty times its weight of water; precipitate the iron by the addition of ammonia in excess; wash the red gelatinous precipitate in a large quantity of water, until the washings are no longer rendered turbid by baryta water; place the product on a cloth, and allow it to dry at the ordinary temperature.—When employed as an antidote for arsenious acid, it should be administered in a gelatinous state, and should be kept so in the shops. It is so much the more certain as its preparation is recent.”—Allow me also to call the attention of your readers to two most valuable cases published by Mr. Serph, of Welchpool, in Johnson's last 'Review.' The one is a boy, 12 years of age, who having taken about a scruple of white oxide of arsenic in solution, and labouring under all the symptoms of poisoning, was, after a few two drachm doses of the *ordinary carbonate* of iron of the shops, perfectly cured.—The other was an adult, who having washed his body and limbs with a strong solution of arsenious acid, was labouring under the symptoms of poisoning from arsenic, and was quickly relieved by a few doses of the carbonate of iron. “The subjects of these two cases are,” says Mr. Serph, “living evidences of the action of carbonate of iron in cases of poisoning by arsenic. In country towns and villages, the hydrated peroxide of iron cannot be obtained, but the carbonate is kept by every practitioner and druggist; and if future trials prove as successful as the above two described, the antidote will be within the reach of every one.”—When the carbonate is recently made, it is of a muddy green colour, and in this state it is, I am convinced, not an antidote to arsenic, for all the tests show traces of that poison when mixed with a solution of arsenic; but if it does not in the drying, it very soon after loses all or most of its carbonic acid, and acquires oxygen, its green colour is at the same time changed to a muddy and then a bright reddish brown, in proportion to the quantity of oxygen absorbed. From three specimens I have examined of the *ordinary carbonate* of iron of the shops, I find them all of a rich red brown colour, contain *no carbonate* of iron, and are consequently the *peroxide* of that metal. I have subjected a mixture of these carbonates, and a solution of arsenic to the ordinary test, and can find no trace of arse-

nic. I have likewise given my dog another dose of arsenic as before, and this time used the *ordinary carbonate* of the shop with *perfect success* as an antidote. The quantity of real carbonate of iron any specimen may contain is easily proved by the addition of muriatic acid, when, if it does not give off carbonic acid, I should look upon it as a perfect peroxide, and safe antidote. Doubtless the carbonate of the shops which, as I have shown, generally is a peroxide, common rust off any old iron, and the peroxide prepared by exposing the sulphate of iron in an iron ladle to a red heat, are all very conveniently obtained articles, and useful where the peroxide is not at hand; but I hope that because these have, and may succeed, it will not prevent practitioners keeping the solution of the nitrate of peroxide of iron, which, with ammonia, will at the time of using precipitate. A *recent and pure peroxide* is much more to be depended upon than the *carbonate*, the efficacy of which depends solely upon the uncertain quantity of oxygen absorbed by accidental exposure to the air; the same objections are applicable to common rust; and the peroxide obtained by burning the sulphate of iron generally contains some of the dry sulphate.—I am, sir, yours truly, T. S. FLETCHER.

Broomsgrove, Dec. 4th, 1840.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 28th November, 1840:—

Epidemic, endemic, and contagious diseases	132
Diseases of the brain, nerves, and senses	140
Diseases of the lungs, and other organs of respiration	267
Diseases of the heart and blood-vessels	28
Diseases of the stomach, liver, and other organs of digestion	69
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	7
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	1
Diseases of uncertain seat	106
Old age, or natural decay	72
Violent deaths	24
Causes not specified	4

Deaths from all causes 862

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, December 4th, 1840:—

Robert Halliley Milner.
Marmaduke Cremour French.
Walter Wilson.
James Powell.
John James Baylie.
Henry Bedborough.
William Lambert Meredith.
George Wilkinson.

A lecture, pointing out the true nature and value of Vaccination, was delivered by Dr. Cowan, at the Town Hall, Reading, on Monday, the 4th inst. Similar efforts throughout the country would materially aid in removing the prejudices against, and in promoting the practice of, this invaluable discovery.

The Japanese, among whom cupping is very generally practised, have a theory that many diseases arise from putrid air stagnating in the cellular membranes of the body, and that this is drawn forth by dry cupping, a practice to which they are very partial.—*Mapleson on Cupping.*

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

On Scientific Medicine, and its Relations to, and Claims upon, Society at Large, &c. By W. Elliott, M.D. Pp. 44. Carlisle: Jefferson.

A Brief History of the Small-Pox, Cow-Pox, and Vaccination. By an Honorary Member of the London Vaccine Institution. Worcester: Chalk and Holl.

First Lines of Education, &c. A Course of Lectures, &c. By E. A. Turley, Surgeon, Pp. 84. Worcester: Chalk and Holl.

A Treatise on Stricture of the Urethra, containing an Account of Improved Methods of Treatment. By J. Arnott, M.D., &c. 2nd Edition. Pp. 234. Sherwood.

An Essay on the Diseases of the Jaws, and their Treatment, &c. By L. Koecker. Pp. 95.

An Essay on Artificial Teeth. By L. Koecker, Surgeon-Dentist, &c. Pp. 194.

An Autobiographical Memoir, &c. By S. W. Tilke, Medical-Herbalist. Pp. 399. Marsh, Old Cavendish-street.

C. D.—Not forgotten.

J. B.—A note by post.

E. A. S.—*The doggerl rhyme is too bad even for caricature. Mr. P. B. L. may well exclaim et tu Brute. The assertions are very strong. We should require confirmatory evidence before publication.*

MR. ROBERTSON in our next.

MR. ROBOTTOM will perhaps modify his opinion when he recollects that the lectures form part of a course on general surgery, and not a distinct series on the special class of diseases.

A FRESHMAN.—Mr. Lawrence's 'Lectures' will go on regularly until the course is completed. They will form a complete body of surgical information unsurpassed by any work on the subject. The opinions of Mr. Lawrence have also an additional value, from his now being an Examiner at the College.

MEDICUS.—The Medical Reform Bill will not be retrospective. He truly remarks, that the action in Lancashire, 'Apothecaries' Company v. Greenough,' tried before Baron Maule at the Summer Assizes of 1839, has so operated upon the 'Old Lady's Coffers' as to cause a great falling off in the sale of licenses.

IGNORANT MIDWIFERY.—A constant reader suggests the insertion of a clause in the Medical Reform Bills, prohibiting a person acting as an accoucheur without being licensed as such, or holding some medical qualification. He continues, "I consider this to be very important. Two cases in my own neighbourhood (Allonby) have terminated fatally, entirely through the ignorance of an unlicensed practitioner."

MEDICAL ATTENDANCE UPON CLUBS, in Liverpool, we are informed, occupies the whole time of some junior practitioners, who are more or less remunerated, when dispensary officers are not. It has been suggested to form a committee to "amalgamate the whole gratuitous practice of any large town upon the same remuneration as the medical attendance upon clubs, giving to each district or ward, of which we have sixteen, a certain number of medical men, with the intention thereby of annihilating monopoly, serving the public better, and do good to the medical profession, which latter is not the case by continuing the present system."

MR. FLETCHER, (Broonsgrove,) writes, "I see Mr. Lawrence in his lectures recommends the usual remedies for stopping bleeding from the nose. Having, during the last two years, found that placing a penny or small piece of wood between the teeth, and biting it, proved in every case successful, I take this opportunity of mentioning this fact, which though trivial, I have often found very useful, and sometimes, too, successful, when other ordinary remedies have failed."

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THE MEDICAL TIMES.

LEGISLATIVE OR EXTERNAL REFORM OF THE
BRITISH MEDICAL POLITY.

BRITISH.—NO. V.

IN England there are FOUR general and REGULAR divisions of the profession, into PHYSICIANS, SURGEONS, SURGEON-APOTHECARIES, and APOTHECARIES, not including many IRREGULARS, ASTUTES, QUACKS, and PRACTISING commercial DRUGGISTS, nor innumerable romiscous subdivisions and combinations of the above classes, created by reciprocal usurpations of each other's titles and provinces, and unconfined to their separate and proper departments by law. In Scotland the divisions are the same, but each class keeps more strictly to its proper department; and, in consequence of a recent appeal to the appellate jurisdiction of the House of Lords, the Faculty (a CORPORATION, not the University) of Physicians and Surgeons of Glasgow have obtained a confirmation of an obsolete and former power, which they possessed in the olden times, to prevent and punish, by summary process, the interference and practice of IRREGULARS and QUACKS, within a certain jurisdiction around Glasgow. The same right was granted and enjoined formerly by Royal Charter to certain of our British colleges and corporations of physicians and surgeons, but not being confirmed by Act of Parliament, and the Royal Prerogative alone being considered weak in penal enforcements, such right and instruction to frame laws against IRREGULARITY and QUACKERY, has not been acted up to in England, Ireland, or in other parts of Scotland than Glasgow, but grossly and scandalously disregarded and neglected for the last 300 years by our medical and surgical corporations. —In Ireland, where the profession is assimilated the most closely to the French system, there are only three divisions, viz., into physicians, surgeons, and apothecaries, the two former

being frequently united by education and practice in the same individuals. The apothecary is compelled to *confine himself to the department assigned to him by law.*

FRENCH, &c.—NO. V.

In France there are four divisions, viz., into PHYSICIANS, SURGEONS, or the two united in the same individuals, if educated as both, APOTHECARIES, (Pharmaciens,) and OFFICERS of HEALTH, (Officiers de Sante,) each of whom is legally subjected to confine his practice to his own department by custom and law, under penalty of PROSECUTION, FINE, and IMPRISONMENT, which is effected by the most exemplary and punctual administration of the judicial system of the country.

REMARKS.

It is our conviction, that Medicine and Surgery are as naturally and inseparably combined and united in theory and practice, in education and exercise, as two arms and two legs; and that the education enacted for both Physicians and Surgeons should be one and the same, and that the combined practice of medicine and surgery, or the exclusive acquirement and practice of either one of these divisions, should be provided for by supernumerary and appropriate studies; and the manner of practice, after that, left to the genius and inclination of the Graduate, and the expediency of his position, as affected by the operation of circumstances and contingencies, agreeably to the capital example of France.

We presume that the law of the London College of Physicians, to compel the Fellows and Licentiates of the said College to recant and renounce, before that sacred fountain of medical legitimates and PURES can be approached, by oath, the profession and practice of surgery, is *contrary to the statute* of the 32d of Henry VIII, which recites, in the college charter, that "the science of physic does comprehend, include, and contain the knowledge of surgery as a special member and part of the same;" and, that "any of the said company or fellowship of Physicians may, from time to time, as well within the City of London as elsewhere, within this realm, practise and exercise the said science of physic, in all and every his members and parts;" that is, combine and unite the daily exercise both of Medicine and Surgery, both in study, speculation, and practice.

The like conduct of King's and Queen's College of Dublin, which also directs the exclusive study of the one to the total neglect of the other, is equally contrary to the spirit of the Royal Charters and ancient Medical Law of the country, grounded on sound and ripe observation, experience, and judgment. On the other hand, the exclusive study of surgery, favoured by the Colleges of Surgeons of London and Dublin, although the former require certificates of medical attendance, is conducive to the careless, inefficient, and unsafe, practice of both Medicine and Surgery. It is in direct contradiction to the enlightened and trustworthy example of France, and many other

civilized countries, in which Physicians and Surgeons are constituted ONE and the same in education, degree, station, and privilege, without any manner of artificial, superfluous, and INSANE, distinctions whatsoever; these have been ever invented by selfish, vain, and weak-minded men, from illiberal and exclusive motives, to enhance their own exterior and meretricious importance by inflation, and lower the meritorious and skilful, through nature and art, by comparative and make-believe inferiority of grade; also, on the Continent Physicians and Surgeons are left unshackled by irrational forms and foolish oaths, to follow the one division or the other, according to the voluntary bent of their own dispositions and skill, and the influence of position and circumstances on their choice.

CLINICAL LECTURE ON MORTIFICATION,

Delivered by SIR BENJAMIN BRODIE, in the Theatre of St. George's Hospital, December 2nd, 1840.

THERE are two or three points which I did not advert to in my last lecture respecting the medical treatment of mortification commencing from inflammation. Some cases are to be combated by antiphlogistic measures and regimen, while others require stimulants and tonic medicines. Bark has had an especial reputation for curing mortification; but this, I think, together with other remedies, are of little service while mortification is proceeding; indeed they do more harm than good, because they load the stomach, and thus prevent the digestive organs from performing their functions. It is a custom to give ammonia in these cases, which is a powerful stimulant; it affords relief, but the relief is only momentary; I therefore prefer giving wine, as being a more efficient stimulant, at the same time that its effects are not so temporary. I am persuaded, after having made extensive use of ammonia myself in these cases, that it is injurious, for this reason, it is a powerful alkali, and produces the same debilitating effects upon the constitution as other alkalies administered to excess. When sloughs are coming away bark is of essential service to aid in supporting the strength. The old-fashioned decoction is preferable to the more recent preparation of quinine. Quinine is most efficacious in intermittent fevers, neuralgia, &c., but from a slough after mortification there is generally a thin ichorous discharge, which greatly reduces the patient, whose strength can be better supported by the decoction I have mentioned. Other tonics, amongst which are several of the vegetable bitters, are also of use. When mortification has stopped, and sloughs are coming away, local applications show their efficacy. I have no faith, however, in such applications as poultices made with port wine, brandy, stale beer grounds, charcoal, &c., while mortification is going on; they seem in a measure to prevent the stench arising from a mortified part. The process of suppuration is a natural process, and I do not think that local applications do much to hasten it. When sloughs have come away and there is a foul surface remaining, the application of stimulating ointments, as yellow basilicon and some others, are, no doubt, useful. The places are now resolved into simple ulcers, so I need not say anything of their treatment.—I shall now call your attention to some other forms of this disease—to some other varieties of mortification. A ligature applied round a part of the body, as the arm or intestines, may cause that part to mortify. The

effect of ligature is not the same in all cases. You apply a bandage before bleeding a person round an arm, your object being to stop the circulation of blood through the veins, and you may apply this so tightly as to stop the circulation through the artery also; when the bandage is removed the circulation is restored, and the parts become as before. But leave the ligature on the arm for twelve hours, you will find the hand become swollen, and in twenty-four hours an effusion of serum will have taken place into the cellular membrane. Whenever the blood is prevented returning to the part, œdema of the limb is produced, or effusion of serum into a cavity, as into the pericardium. If the ligature encircle a limb for a much longer period, the parts below the ligature become inflamed, a low kind of inflammation is set up, which may go on and terminate in mortification. Venous congestion is the first result, then effusion of serum takes place through them, and lastly inflammation is begun. A ligature may remain round a part for a long time before mortification is produced. When making experiments upon animals, many years ago, to try the effects of poisons, I found that poisons never operated if the ligature was applied so tightly as to prevent the circulation going on; immediately that the circulation was restored, the poison began to act. In strangulated hernia, the ligature may be only tight enough to produce a low kind of inflammation, and as soon as the ligature is divided the circulation returns and the parts are restored. If an intestine or limb be bound so tightly as to stop the circulation entirely, then the part below the ligature may become sphacelated in half an hour. In various states of disease we see well the effects of ligature when applied tightly or not; thus, in femoral hernia, a woman may have the ring so tightly binding the intestine as to cut off its arterial and venous circulation, and death will take place in a very short time, or else it may be more loosely applied, and the part recover. A man may have phimosis, which acts as a ligature, and causes venous congestion of the glans penis; this becomes inflamed and is followed by mortification. In another case, the sphincter ani closes upon piles, so closely as to cut off the circulation; then mortification and sloughing takes place, and the patient is cured. You may thus easily understand the principle on which piles are extirpated; if the ligature be only loosely applied, you do not kill the piles by cutting off their nutriment; should you, however, tie them so tightly as to cause the circulation to stop through them, then you destroy them effectually; if you do not draw the ligature very tightly, you cause the patient much suffering, and severe constitutional disturbance is the result. When you apply a ligature to arrest the flow of blood entirely, you must not suppose that the part loses its vitality immediately. I tied a ligature round a tumour of the tongue, and in four hours the part seemed perfectly dead; I waited some little time and then divided the ligature, but, to my mortification, I found the next day that the circulation had returned into the tumour. Parts may be killed by the application of pressure; the mode in which it produces mortification is nearly the same as when an artery is tied, viz., by keeping blood from circulating through a part. Mortification occurs chiefly when pressure is applied over a bone, because in soft parts pressure cannot be applied so completely as to hinder blood getting to them; if pressure be very tight it may produce mortification immediately. A man came into the hospital with fracture of the leg; the house-surgeon applied a splint, and bandaged the foot and leg; in this case the bandage pressed so tightly as to produce a

slough over the foot. I have frequently seen sloughing produced by bandaging limbs too tightly. In the greater number of instances, mortification does not take place immediately from pressure. A man, for instance, is bedridden, the skin over the os sacrum becomes tender to the touch, slight inflammation is set up, the part becomes of a dark colour, vesications form, the inflammation goes on, and ends in mortification: the pressure of a mattress against the ankles will even produce mortification of them. It is a remarkable circumstance that disease of the spinal chord renders the system liable to inflammation and mortification from pressure, in cases of paraplegia; this is frequently seen; we cannot tell whether the nerves influence the action of the capillaries. In some experiments I divided the nerves, and still the circulation went on the same. Patients are more liable to inflammation from pressure, according to the thickness or thinness of the flesh upon which the pressure is made. When you suspect that mortification results from the pressure of a bandage, this should be removed, but if it arises from the pressure of a bed, then the patient should be made to vary his posture, to lie on either side, or flat upon his belly. But some patients cannot be turned, you should then endeavour to take off the pressure by an air-cushion with a hole in the centre; the tender part being placed in the hole, you should put a piece of linen across to support the part, or else you get pressure applied upon the sides, and thus increase the mischief. The same rule applies to all cases. When you can have recourse to it, Dr. Arnott's hydrostatic bed is the best thing you can use, by this means equal pressure is exerted upon every part. The only objection it is liable to is, that it is not applicable to all cases, as compound fractures, it not giving sufficient stability to the limb. You may sometimes prevent inflammation proceeding to mortification, by adding to the thickness of a part by strong stimulating applications. When a person with rupture is galled by his truss, the part may be indurated advantageously by these means. The sore caused by pressure is to be treated in the same way as any other. Mortification may, too, result from blows, or from any sudden mechanical injury.

A. B.

FOREIGN JOURNALS.

Gazette des Hopitaux.—*Journal de Chimie Medicale.*—*L'Experience.*—*Hufeland's Journal.*—*Gazette Medicale.*—*Monatschrift fur Medicin.*—*Medicinisches Correspondenz-Blatt.*—*Zeitschrift fur die Gesamte.*—*Wochenschrift fur die Gesamte Heilkunde.*—*Zeitschrift fur die Gesamte Medicin.*

Cure of Caries by Cod-liver Oil.—*Improprity of Amputating Scrofulous Joints.*—In our previous reports we have pointed out both the immediate danger of amputation in such cases, and the frequent return of the disease in other articulations. We have also adverted to the possibility of curing scrofulous affections by cod-liver oil among other remedies, and have shown that M. Lugol, of the Hospital St. Louis, is of opinion that the majority of these cases are capable of cure by iodine, whereas the amputation procures but transient benefit, even when the patient survives the operation. Our attention is again directed to these points by a paper in the '*Gazette Medicale*,' by Dr. TAUFFLIER, who gives three cases of caries successfully treated by the persevering and long-continued administration of cod-liver oil. The first case was that of a patient, 28 years of age, affected with an advanced caries of the tibia, with enor-

mous tumefaction both of the bone and soft parts, in which last were six fistulous openings. The cure was not effected before the expiration of nine months.—The second was a little girl, 3 years of age, who was affected with a spontaneous caries of the bones of the tarsus. She was cured in eight months. This child, it may be proper to remark, had no lymphatic enlargements as are usual in scrofulous affections.—The third was a man, 55 years of age, remarkably scrofulous, who was affected with caries of all the bones of the tarsus, and several metatarsal bones of the left foot. The man was so attenuated and worn out by long suffering, and by abundant suppuration, that it would have been deemed inexpedient to venture upon an amputation, yet under the treatment of cod-liver oil the local disease slowly but progressively amended, and hopes are entertained of his complete recovery.—The author brings to remembrance a scrofulous girl at the Hotel Dieu in 1835, in whom, at three different periods, amputation was performed. The first operation was that of a metacarpal bone of the right-hand. The disease then attacked a metacarpal of the left, which was also extirpated. The foot soon became affected, and that also was removed; but the disease still returned in another part.—A patient, whose case is related by M. Tavignot, in his memoir on supramalleolar amputations, had that operation performed for caries of the tarsus, but the disease again broke out in the form of a white swelling of the elbow. Brefeld, in his treatise on cod-liver oil (a German work), gives the case of a scrofulous woman, 40 years of age, in whom the index and corresponding metacarpal bone were amputated for caries, yet the disease returned in the bones of the carpus and metacarpus. After the caries had continued its ravages for many years, the patient was cured by the oil, and the general health was also greatly improved.

Paralysis of the Fifth Pair of Nerves.—The case given by Dr. Vogt, as reported in a late number, for the purpose of proving that the lingual branch of the fifth pair of nerves was not a nerve of taste, has called forth the animadversions of M. JAMES, in the *Gazette Medicale*. In Dr. Vogt's case of complete paralysis of the fifth pair, the taste was unimpaired, while the sensibility of the tongue was entirely abolished, which led to the inference now contested by M. James, who gives a case in support of his own doctrine. The patient had lost the sensibility of the whole right side of the face, including the organs of the senses. The sight, smell, taste, and hearing, were completely destroyed on the same side, while the opposite was completely free from disease. After a few days' treatment the senses were restored, but the tactile insensibility remained. The patient could see, smell, hear, and taste, but had not the slightest sensation when the conjunctiva, the pituitary surface, the auditory tube, or the affected side of the tongue, were irritated. The sensation of these parts did, however, eventually return.—The author unaccountably attempts to show, from these facts, that the only difference between his case and Dr. Vogt's is, that his own was a complete paralysis of the fifth pair, attacking both the lingual branch, which is usually supposed a nerve of taste, and also those of sensation; whereas, he considers the case of Dr. Vogt to have been a partial paralysis, attacking the sensitive twigs only; but these conclusions are not warranted by the premises. We ought, however, to add, that the chief German, French, and English physiologists, are also adverse to the opinion of Dr. Vogt; on the other hand, an Italian *vivi sector* gives experiments for the purpose of showing that the lingual branch is not a gustatory nerve,

but one of mere sensation. The question, in fact, may be considered, *sub judice*, at least quite enough so, as to warrant a sharp look out for any pathological facts that are calculated to throw light on the matter.

Intra-Uterine Injections of Iodine and Nitrate of Silver.—A recent number contains some observations on this subject, in the shape of objections to the practice of Dr. Vidal. Intra-uterine injections have been found occasionally to produce inconvenience, but Dr. Vidal maintains that the evil is no greater than is experienced from innumerable other remedies, and that it may be averted by judicious management. Injections may be introduced with too much violence, and also in too large a quantity. Under these circumstances, experiments on the dead body show that the liquid frequently finds its way into the cavity of the abdomen, which occurrence in the living subject might occasion fatal peritoneal inflammation, but no danger is to be apprehended if the quantity be small, and not suffered to sojourn. To ensure success, the practitioner should inject no more than nine grammes* (2½ drachms) of the liquid, by means of a small syringe, lest the force employed should prove too great. The quantity indicated should be injected with a jerk, in order to cleanse the cavity of the uterus of its adhering mucus. The injections most commonly employed by Dr. Vidal are an iodine mixture, and a solution of nitrate of silver, whose strength unfortunately is not indicated. These are employed in ulcerations of the inner parts of the womb, which produce the discharge called *fluor albus*.

Dr. Vidal gives the following case of *Granulated Ulceration of the Neck of the Uterus cured by Iodine Intra-Uterine Injections in the 'Esculape.'*—A young woman, 21 years of age, had miscarried about three years previously; she now experienced pains in the kidneys and abdomen, with uterine discharge, which being considered to flow from the vagina, was treated by vaginal injections, containing nitrate of silver, for three weeks without amendment. On being examined by the speculum, a considerable tumefaction with granulated ulcer was perceived in the neck of the uterus. The ulceration was more particularly seated on the posterior lip of the os tincæ, which appeared more extensive on opening the lips. The discharge was mucose, purulent, and viscous. Vaginal injections of concentrated walnut-leaf decoction was ordered twice a week, a valuable remedy generally employed in the *Hospital de Lourcine*, of which she was the patient. At the expiration of a month no change having taken place in the uterus, it was resolved to use the iodine *intra-uterine* injection. The first injection, although employed with the greatest precaution, immediately produced pain in the groins, which soon extended to the abdomen. It, however, disappeared in about four hours by the aid of fomentations. In the course of the month six other injections were used, without any other inconvenience than slight prickings, which speedily abated. When the speculum was used, it invariably showed a progressive diminution of the neck of the uterus and of the ulcer, the discharge becoming smaller and more transparent. The patient menstruated in due course, and the menstrual discharge continued five days, during which time, and for a week afterwards, the injections were suspended. On being renewed, the injection produced the same pain as when first employed, but the inconvenience was never afterwards experienced. In about six weeks the disease in the neck of the uterus was completely cured.

* The report, by error of the press, says nine grains, and another communication of Dr. V. says twenty grammes!

CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XIV.—THE GREAT MULLTEST EMEUTE.

(Concluded.)

THE instant Mr. Snipliver had finished, and the lecture-room was cleared of the *potterers*, the enraged students held a council of war as to what should be done in such a terrible extremity. Boiling over with indignation, there was an excessive tumult, and each offered his suggestion at the same time, as to the best means of meeting this tyrannical and oppressive measure; Mr. Swubs was for collecting a store of provisions and bottled porter in the dissecting-room, and having sent word home to their respective lodgings that they should not return for some days, to commence a regular 'barring out!' Mr. Macarthy proposed that immediate arrangements should be made for letting beer down into the coal-cellar, where the pupils should retire to drink it when necessary; and Mr. Okes suggested the propriety of getting into the laboratory by the garden window, and filling the pneumatic trough with intermediate ale before Mr. Mulltest came in to lecture, adding, at the same time, that it would not be difficult to change all the tests from one bottle to another, and prick little holes in the Mackintosh gas bags, or set some sulphuretted hydrogen going in a bottle, and then shut it up in one of the drawers.

This was, however, voted a little too mischievous, and a rather noisy debate followed, in which each man persevered most studiously in adhering to his own plan. At last Mr. Spiff, who had not interfered particularly up to the present moment, gave a tremendous thump on the table to procure a momentary silence, and then said, "I propose that we strike, in the manner of artificers in manufactories, and leave off dissecting altogether, until this crushing measure is repealed."

There was a gesture of assent immediately made by all present, and the plan was carried by all except Mr. Huggles, who begged to make an observation. On leave being granted, he spoke thus: "I do not think Spiff's project will answer. We have most of us put down our names in the dissecting book for various extremities, and they will make us pay for them, whether we dissect or not."

"To be sure they will—I never thought of that," said Spiff, elevating his eyebrows into two Gothic arches.

"Is that all?" cried Macarthy; "faith then, it's mightily soon remedied. Who knows where the book is kept?"

"In a drawer of the museum," shouted a dozen voices.

"Good!" returned Mac. "Then I'll go and burn it; and remember now, boys—the next head and neck that comes in, every sowl of ye must squabble for it, and say it was yours. Then you must all get offended, and none of you must have it. I think we'll do 'em now;" and amidst much laughter Macarthy went in search of the devoted book, which three minutes after he returned with into the theatre, holding its burning fragments upon Mr. Swubs' gridiron, which he had found in some part of the dissecting-room.

"Hooray, then," he exclaimed; "there goes the heads and necks, and rigler upper extremities, and all the rist of them; and there goes the parson and the clerk. Now, my pigeons, recollect, not a word about what has passed, and we'll have the jolliest row that ever was."

The students all promised secrecy, and with three cheers for the popular teachers, three hisses for the unpopular ones, and three groans

for Apothecaries' Hall, the meeting dispersed.

I knew nothing about what had occurred, and was consequently somewhat amazed at the tumult, which, as Macarthy had predicted, occurred a few days afterwards.

The subject had come in as usual, and was injected over night; and the next morning, before the fire was lighted, in walked Mr. Whipples, who really had his name down for the head and neck, rubbing the tips of his fingers and stamping about with his feet to get a little warmth into him. He had put on a new black apron with a pocket in front, and a pair of oilskin sleeves, with a painted velvet cap stuck on his head. He then pulled out a very nice new dissecting-case, French-polished, with lock and key, fitted up with very nice bright scalpels, in very nice ivory handles, and very nice abdominal hooks, and scissors, and nerve-knives, and blowpipes; in short, a very nice turn-out altogether, just such as you would fancy a new man to have. I mention these articles particularly, because they changed imperceptibly, before two months were over, into one of those small square pieces of card which are commonly denominated duplicates.

Well, Mr. Whipples sat down to his head and neck, and got out his note book, and before half-an-hour was passed had produced one of the most extraordinary pieces of anatomical display upon record, having cut through every vein and nerve that came in his way, destroyed all the glands, and removed the coats of the arteries down to the very red wax that stagnated in them, in his anxiety to divest them of the sheaths, which labour being accomplished to his satisfaction, he packed up his knives again very carefully, and locked them in his locker, having to go to some lecture at another school about two miles off, to which he had entered in consequence of having some slight knowledge of the lecturer, and thinking that circumstance might be of great service to him in his profession.

He had been gone some little time, when, as I was down stairs in the injecting room collecting the fragments of the last subject into its rough wooden shell, for the undertaker's people when they came, I heard Mr. Spiff shout out over the stairs—"Buddle, who's been working at my head and neck and spoiling it?"

I told him I would come and see about it as soon as I had finished what I was about, which would be in a few minutes. Before thirty seconds, however, had passed, Mr. Huggles bawled out, "Halloo, Jasper, somebody's been and cut my head and neck all to pieces!"

I now thought there was some great mistake amongst them, and I directly went up to the dissecting-room. Here I found all our friends apparently quarrelling with great energy over the body, all of them asserting they had a right to its various divisions; and some pulling it one way by the feet, others dragging it in a different direction by the arms, until at last they lugged it off the slab, and it fell upon the ground.

"Where's the dissecting-book?" asked Mr. Spiff; "that will settle it all in an instant. Go and get it, Buddle, and see if I have not got my name down for this subject."

"That's a lie," shouted Huggles; "it's mine I tell you."

"Oh! come, none of that," said Swubs; "I put my name down months ago for it, and I'm damned if I don't have it."

And then another riot began, and everybody present laid claim to the unlucky extremity. With a view to settle the dispute at once I went into the museum, and looked for the book

in its usual place; but it was gone, nor after a long search could I find the least trace of it, I was therefore obliged to return to the dissecting-room, and tell the gentlemen that as the list of names was lost, they must settle it amongst themselves, an announcement which gave rise to a fresh outbreak of noisy strife, in the midst of which Mr. Okes covered the subject with Mr. Whipples' great coat, which he had left behind him, and then assuming a most comic face and attitude, begged his roystering companions to "respect the dead," a request which did not at all tend to quiet the skrimmage.

There was great commotion all that day, for they all hung together so, and played their parts so well, that it was impossible to upset their plan, although Mr. Snipliver tried his utmost to restore harmony; and from being a good sort of a fellow he really had some little influence over the pupils. As they had concerted, their next movement was to turn indignant and refuse to have anything at all to do with the subject; and the new men, partly from fear, partly from the wish to appear brave, followed in their wake, all of them successively claiming the same limb, and then all getting very angry and rejecting it.

A pretty state of things this was to be sure, and the worst of it was there was no remedy, for the book being gone, I did not know but what each had as much right to the portion he claimed as any of the others. Well, a day passed, and another, and another, and there lay the subject, just as untouched as when it arrived, with the exception of the hole in the sternum where I put in the injecting syringe, the slits in the thumbs and toes, and Mr. Whipples' curious dissection of the neck, for which he was blown up, first by Spiff, then by Huggles, then by Swubs, then by Macarthy, and then by all four together, until he turned quite pale with terror, and scarcely knew whether he stood upon his head or his heels.

At last the body began to decompose fast, and got too unpleasant, even for the not very sensitive olfactory branches of the gentlemen of the school. We were obliged to bury it as usual, but then there were all the incidental expenses to be paid for by the teachers, and not one thirteen-and-sixpence had been received. To add to their perplexity, there was an unusual mortality in the quarter from whence we procured the subjects, and they came in faster than I knew what to do with them; whilst not an inch towards dissecting them did one of the rebels budge, until the General-Inspector got angry, and thinking there were no pupils at the school, finally stopped the supply altogether.

This was the crowning triumph of the whole *émeute*, and what Spiff and his party had been gradually aiming at. The teachers by degrees got possession of the real state of the case, and finding that there was little to be gained in longer opposing the dispositions of the students, quietly intimated to me that I might smuggle half-and-half into the school without much fear of reproof if I was discovered. After a little time it was brought in as openly as ever, and a row of empty pewter pots once more graced the battered and beer-stained mantelpiece.

A new dissecting-book was started, and the names were once more collected in proper rotation; the subjects once more arrived and were dissected regularly; and Mr. Mulltest, finding that his ill-timed anger had been productive of anything but good, became, in the end, very good-tempered and affable—in fact, a jolly cock.

ROCKET.

REVIEWS.

MAGENDIE'S LECTURES. — *Leçons sur les Fonctions et les Maladies du Système Nerveux, Professées au Collège de France.* Par M. MAGENDIE. Revues par le Professeur. 2 Volumes. Paris: Ebrard.

[Second Notice.]

IN accordance with the intention expressed in our last, we resume the subject of the experiments, and proceed with the next,—the division of the *transverse* fibres of the pons *varioli*, where they are continued in the *crura cerebelli* :—

In order to be sure of touching nothing but the part in question, I am about to lay bare the nervous substance by removing the integuments, and the muscular masses which cover the posterior part of the neck.—We are now arrived at the interval which separates the occipital from the first cerebral vertebra. I cut into the intervertebral membrane; the subarachnoidean (cerebro-spinal) fluid escapes, the inspiration suspends the flow, and the expiration accelerates it. You perceive at the bottom of the wound the bottom of the fourth ventricle and its orifice, (which I denominate *entrée des ventricules*,) as well as the two medullary cords, which by their junction form the *calamus scriptorius*. But before performing the experiment, I beg you to remark the change in the attitude and movements of the animal; he creeps instead of walking, his paws seem to grasp the table, and to impede rather than facilitate progression. His head bends forwards, and the ears, which are erect and upon the forehead, obey the anterior auricular muscles, in consequence of the posterior having been divided. I suffer the animal to recover from the immediate effects of the preliminary operation, in order that we may separate what belongs to the experiment to be performed, from that which depends on the previous evacuation of the spinal fluid. I wish to cut the *transverse* fibres of the annular protuberance on one side. We have seen that these fibres form a bundle which constitutes the *crus* of the cerebellum; the section of that part therefore will fulfil the indications we have proposed.—What will be the first result? The peduncle will be scarcely cut before the animal will roll over from left to right if the right *crus* be divided, and from right to left if the left be divided; the eyes at the same time will take opposite directions, one will be turned up, and the other down. I use a small and very thin bistoury; I carry the point cautiously forward to the right *crus cerebelli*—it is now divided. The animal has turned suddenly round, and now that I exercise no restraint upon him, he rolls over from left to right with extreme rapidity. You perceive the characteristic *strabismus* of which I have spoken; the rotatory movements succeed with such rapidity, that the peduncle must have been wounded very near its origin. If you bear in mind that the fibres on which I have operated are *transverse* from one side of the short diameter of the cranium to the other, you will be naturally disposed to establish a certain relation between the structure and the functions of the parts. Thus, *transverse* fibres are associated with *transverse* movements. The section of the right peduncle occasions rotation to the right, and vice versa. The fibres parallel to the great axis of the brain remaining intact, there will be integrity of the movement of the body in its greatest length.—Does it not seem that two forces exist in the brain, which establish an equilibrium across the circle formed by the pons *varioli* and cerebellum? When the equilibrium is broken, the forces act separately, according to the direction of the fibres which represent them.—How are we to put an end to the disturbances which result from this want of harmony? We cannot restore the continuity of tissue in the incised peduncle, but if we cut the other one, might we not bring it to the same state as its fellow, and thus restore the equilibrium? In fact, gentlemen, experience has shown that this result may be obtained in the manner I have suggested. You will now see that the lesion of the sound peduncle will restore the equilibrium, provided that it is performed at the

same height and depth as its fellow previously divided. Observe that our rabbit continues to roll over with the same rapidity; one of his eyes is turned up and the other down. I am going to repeat upon the left peduncle the section which I made upon the right, and it is probable that the rotatory movements will cease, and the eyes resume their natural position. I begin by observing the precise point where the right peduncle has been divided; I direct the instrument towards the left on a level with the other incision, and I cut through the crus. Now let us note the results. The animal placed on its paws seems to oscillate between two forces, one of which draws to the right, and the other to the left; he no longer rolls over. The equilibrium is then nearly restored; the balance inclines sometimes on one side and sometimes on the other, as if a contest existed between two forces which neutralized each other, or nearly so. The eyes have recovered their rectitude, they are nevertheless extremely agitated, and express extreme anxiety.

One of the great excellences of these lectures is the practical application of the physiological facts to disease. Here we have symptoms of rotation produced in an animal by section of a peduncle, which at once shows the cause of a similar pathological state in the human subject:—

A woman (says M. Magendie) felt an irresistible desire to turn round and round, which she did for the space of half an hour. The symptom recurred at first every week, and subsequently four or five times a day. At length the fits come on with sudden insensibility, the limbs contracted, and the flexor muscles gaining the ascendancy over the extensors, she was as it were obliged to sit bent double. Once seated, she rolled round with extreme rapidity, and this movement would have been prolonged unless it had encountered an obstacle from her position. Sometimes the rotation was effected towards the left, but with less perseverance than towards the right. The head and trunk were commonly bent backwards as in *opisthotonos*, at other times the curvature was lateral as in *pleurosthotonos*, either to the right or left. The face was contracted, the eyelids were strongly opened, the pupils dilated, and motionless with divergent strabismus. The patient seemed blind, and did not close the eyelids when the hand was suddenly brought before the eye. The symptoms ceased at night, the woman bent herself double in bed, and slept in complete immobility. The propensity to turn sometimes occurred twenty times a day. After having suffered for eight years, the woman died.—On dissection, exostosis were found in the base of the cranium corresponding to the two crura or peduncles of the cerebellum, that of the left side being the larger of the two. The aspect of the peduncles was greyish, and their consistence was diminished near the annular protuberance. The latter, on being cut into, was perceived to contain varicose vessels in the form of a crescent, whose extremities were directed towards the lobes of the cerebellum. In the centre were inflamed spots. The quadrigeminal tubercles and the fourth ventricle were softened.

The author relates an anecdote in connexion with one of his experiments, which is too curious to pass over:—"I was," says he, "repeating my experiments in the laboratory of Dr. Wollaston, who was desirous of witnessing the effects of cutting the fifth pair, and of seeing if it really would destroy the senses of the same side, but by an accident which is not easily avoided in so delicate an operation, I opened the cavernous sinus, or the carotid artery, which caused an abundant extravasation round the brain. The animal was seized with convulsive trembling, and fell to all appearance dead. Wollaston begged me to repeat the experiment on another dog. I replied that I should prefer to bring the dead one to life, and make him run as far as could be wished. He thought I was joking, but I cut off the crown of the skull, together with the cerebral hemispheres, and the dog immediately

rose upon its feet." The secret of this *locus pocus* was, that all compression of the vital parts of the brain, and consequently the cause of apparent death, was removed by the ablation of the cerebral lobes. The next point was to impart to the animal an irresistible propensity to run with impetuosity, and this was effected by cutting away the corpora striata, which preside over progression and regulate motion according to the will. No sooner were these bodies extracted than the dog darted forwards, and was not caught again without difficulty.—The author makes known an anatomical fact which has unaccountably escaped attention, that the cerebro-spinal cavity in the natural state of the human body contains a *large* quantity of fluid, consequently all those plates of the cranium and spine which represent them as being filled by their respective viscera, are erroneous. The cerebro-spinal liquid is essential to the healthy action of the brain and spinal marrow, with which it is in contact, and in animals cannot without extreme danger be withdrawn by puncture of the dura mater and arachnoid, under which it is situated. We witness the same result in the opening of a spina bifida, which is a hernia of the investing membrane of the cord, and is filled with the cerebro-spinal fluid.*—To illustrate the effects of abstracting this fluid, M. Magendie took a dog, and after having carefully cut away so much of the muscles covering the occipito-atloidean ligament as would enable him to pass the point of a small bistoury through it, he pierced the spinal covering, and the fluid escaped by jerks; the dog staggered, and soon fell motionless. At a succeeding lecture, a week afterwards, the morbid preparation of the brain and spinal marrow was exhibited; they were covered with a puriform layer, but the subjacent tissue was apparently healthy. The ventricles were lined with the same matter. The mode by which the cerebro-spinal fluid is conveyed from the ventricles to the spinal sheath, is through a little opening at the point of the *calamus*, which from its communicating with the fourth ventricle, and consequently with the others, is called by the author, *entrée des ventricules*.—The author makes a practical remark on this event, which is not without importance. Here were no morbid appearances of the membranes to account for death. The fatal termination is solely to be ascribed to the *physical* and *chemical qualities* of the liquid substituted for the cerebro-spinal: "The disease, which is called *myelitis*, (inflammation of the spinal marrow,) is frequently nothing but a pathological change in the fluid which envelopes that organ."—No inflammation, in fact, is manifest on dissection, and the existence of that functional disturbance is merely inferred from the substituted fluid. "What," says the author, "is the general march of *myelitis*?" The paralysis begins in the parts which receive their nerves from the lower extremity of the marrow. This fact is explained by the compression of the purulent matter, which by its weight has occupied the lowest part of the canal. Then the paralysis progressively ascends to the muscles of respiration, at the same time that the upper parts of the canal are filled with the noxious fluid. It is at this period that death supervenes, and if the dissection be made with due precaution, we find an exact anatomical relation between the height of the purulent column, which compresses the marrow, and the part which the paralysis has

attained. The evacuation of the cerebro-spinal liquid in dogs is not necessarily mortal, for that secretion is reproduced in a few days. The death of the dog referred to above, probably arose from the assistant having cut away too large a portion of the muscles of the neck.—The *spina bifida*, if attentively examined, will show the influence produced upon the cerebro-spinal fluid by the respiration; and again, that the fluid itself is indispensable to the brain, as a means of preserving it from compression when the veins of that organ and those of the spinal marrow are turgid during respiration. The tumour of spina bifida swells during expiration, and diminishes during inspiration, which is literally the same as we perceive upon a living animal when we lay bare the membranous envelopes of the spinal chord, provided the fluid remains within.—Compress the spinal tumour of a child with one hand, while the other hand is placed on the fontanell, the brain will be found to distend with fluid in proportion as the tumour is emptied. If the compression at both extremities be increased, the functions of the nervous system are disturbed, and the child becomes comatose. The same symptoms are produced in animals by injecting liquid into the spinal canal, whereby the natural quantity of fluid in the ventricles is increased. By pressing upon the abdominal parietes the same effect may be obtained by rendering the veins of the spinal marrow more turgid, inasmuch as these press upon the fluid and force it upwards to the brain. The puncture of the sac in the child produces the same phenomena as the evacuation of the liquid in the animal; the child becomes weak and faint, and the muscular powers are at length annihilated. M. Magendie inquires whether fainting after paracentesis does not arise from the spontaneous diminution of pressure upon the central nervous system.—The author is a formidable adversary to the phrenologist, and it may not be amiss to add, that he is not the only French anatomist of eminence who rejects, *in toto*, the assumptions of Gall and Spurzheim, as to the indications of faculties by external protuberance. We have already noticed the same fact in our report of M. Foville's memoirs on the brain. The depressions in the skull exist before the brain is formed, at a period when the only cranial contents consist of the cerebro-spinal fluid and its enveloping membranes, the dura mater and arachnoid. The feeble parts of the skull are projected by the centrifuge pressure of the liquid within, and the more resisting parts form the prominences within. In the early periods of fetal life, *before the brain exists*, the dura mater, distended by the liquid, yields to its pressure at the unresisting parts of the cranium. The cranium cannot be the image of the brain beneath, for there is a constant layer of liquid designed by nature to prevent the contact of the two substances, at least, at the lateral and superior parts of the cerebral hemispheres. The cerebro-spinal liquid as completely defends the brain from pressure within the cranium, as the amniotic liquor protects the foetus within the uterus.—A fact is here stated with regard to internal hydrocephalus, that the entrance to the ventricles near the calamus scriptorius is frequently obturated, so that an accumulation of the fluid is inevitable.—In *phthisis* the brain will be found to have partaken of the general emaciation, so that an interval of several lines will be found between the brain and the cranium, which is filled with liquid, although careless dissectors suffer it to escape in opening the skull. The spinal canal may contain three ounces of liquid.—In the *paralysis of insane persons*, the liquid accumulates in considerable quantity, and we might ascribe to its abundance the succes-

* Sir Astley Cooper has gradually evacuated these tumours by successive punctures of a very fine needle. The sac contracts, and the tumour, in some instances, has finally disappeared. In one case the pouch had greatly diminished, when the little patient was carried off by convulsions. The cerebro-spinal fluid was enormously increased in the ventricles, and contained flakes of coagulable lymph. The brain was extremely softened; the tumour had so much contracted as to contain no fluid.

sive extinction of all the intellectual faculties. These poor creatures can neither speak, move, express their wants, or their sufferings; without desires or regrets, their existence may be in some degree likened to that of a brute. The brain is found reduced to the half of its ordinary weight, enveloped by a large quantity of fluid. This species of paralysis may also spontaneously arise without any previous derangement of the intellect. M. Magendie notes a case which occurred in his ward at the Hotel Dieu, where the embarrassment of the speech, the tremulous tongue, and the dragging of the foot, infallibly indicate this affection, and the cephalo-rachidean cavity will be found to contain more liquid than is necessary for the free exercise of the cerebral faculties. The brain itself is not diseased in these cases, but the cerebro-spinal liquid is increased. It not unfrequently happens that these patients recover their intellects a few hours before death from acute disease, which would not occur if the brain itself were affected.

We have given but a small portion of this work, but there is enough to prove it to be deserving of study; it is, however, proper to add, that some of the conclusions of the author do not meet with universal approbation. He maintains that the anterior roots of the spinal nerves, although obviously motor nerves, are sensible *by anastomosis*, which assertion would be borne out by his recorded experiments if they were perfectly correct; but we have repeatedly seen the experiments made upon the anterior branch *without the slightest manifestation of sensibility* on its being squeezed by the points of dissecting forceps, while the same experiments transferred to the posterior or sensitive roots, occasioned intense suffering. There could be no mistake as to the certainty of the anterior branches being seized on these occasions, for the same pressure which produced no sensation in them, excited muscular contraction of the limbs to which they were distributed. A galvanic pile, brought into play upon the anterior branch, occasioned convulsion in the limb, it being a lumbar nerve on which the experiment was performed, but no action was produced on the posterior or sensitive branch. In these experiments care was taken to begin with the motor nerve, lest the absence of sensation in it should be ascribed to the previous injury of the posterior branch. —Yet so determined is Magendie to ascribe communicated sensibility to the anterior branch, that he consecrates the final lecture to an inquiry into the mode by which that sensibility is imparted! For this purpose a dog was introduced which had been the subject of an experiment before the lecture. "I raise with a probe," says the professor, "the two roots of the third lumbar nerve; I separate the posterior from the anterior root, in the whole space between their origins and the point of their union. I pinch the anterior root, which is very sensible; I pinch the posterior and find that the signs of pain are of the same kind, but more acute; I irritate the trunk of the united nerves, and naturally find it sensible. Before I cut the trunk let us once more prove that the section of the posterior branch abolishes the sensibility of the anterior; but as we formerly cut the posterior root between its ganglia and the spinal marrow, we will now make the section between the ganglion and the point of union of the two roots. Here is the root cut in the part indicated, the medullary portion retains sensation, but the trunk of the nerve, together with the anterior root, has lost all sensibility." —The author then cut another pair, about six lines below the ganglion, which is beyond the point where the two roots unite. The posterior root was still sensible, but the

anterior not so. The inference is, that the sensibility of the anterior root cannot be derived either from the ganglion or from any anastomosis within six lines beyond it, which leads the author to the opinion of Valentin, that the sensation is transmitted from the peripheric extremities of the sensitive nerve, which, by their anastomoses with the peripheric extremities of the motor nerve, forms the *peripheric curves of the primitive fibres*.

But let us remark, in conclusion, that the very foundation of this argument—the sensibility of the motor nerve—is contested; for unless we have

"—eyes that hardly serve at most
To guard their master 'gainst a post,"

we ought to believe what our eyes have seen, viz., that the taking up of the anterior root of the spinal nerve in dogs between the teeth of the dissecting forceps, and even the cutting of the root asunder, excites not the slightest pain. How is it possible that such contradictory results should be witnessed by different observers? Alas! *humanum est errare*.—The experiments on the nerves of the senses and the fifth pair are extremely curious, but our limits will not permit the further extension of this article. The reader will also find interspersed in the work a great number of pathological facts of practical interest.

Spinal Curvature, its Consequences and its Cure. By J. B. SERNY, M.D. Sherwood.

THIS is a collection of cases treated upon the successful principles of the late Dr. Harrison; but as those principles are not detailed, the work has the appearance of one intended rather to encourage patients than to instruct practitioners. If Dr. Serny desires the good opinion of his professional brethren, let him append his practice to the next edition.

A Report upon Deafness, when resulting from Diseases of the Eustachian Passages.

The Practice in the Liverpool Ophthalmic Infirmary. By H. NEILL, Surgeon. Pp. 55. Longman.

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FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

New Mode of Administering Balsam of Capivi.

—M. MEGE, *Pharmacien interne des Hopitaux*, conceiving that the therapeutic effects of capivi resided in its resinous parts, devised a mode of separating the resin from the acrid oil which constitutes the disagreeable part of the remedy. In order to separate the resin from the oil, M. Mege boils in a porcelain capsule equal parts of capivi and water, and the mixture is treated with nitric acid. To the residuum is added a small portion of subcarbonate of soda, which produces a resin of capivi rendered more soluble by alkali. This resin mixed with sugar is administered in blennorrhagia, and is quite as efficacious as the capivi itself, while it is more agreeable to the patient. Other resins have been treated in the same manner.—M. SOUBERAIN: If M. Mege has no other object than to separate the two principles of capivi, science possesses more simple proceedings than his. Nothing is more easy than to render the resin of capivi to a certain extent soluble by alkali. The nitric acid employed by M. Mege complicates its operation, so that the product of the acid with the resin is new and unknown to him or us. I do not think the Academy should give its approbation to such a medicine.—M. BOUILLAUD: I do not think that capivi is a specific for blennorrhagia. I have seen many blennorrhagias treated by it without success, while I have remarked that by substituting an energetic antiphlogistic treatment, the cure was readily effected. A patient received in the hospital for an inflammatory dis-

ease of great intensity, laboured also under blennorrhagia; numerous bleedings employed for the main complaint cured also the urethral discharge. I think then we should have more constant recourse to depletion. The capivi, in some constitutions, produces serious effects; I have seen a patient take only one-third of the habitual dose of Chopart's capivi mixture, in whom it produced nineteen stools.

Introduction of Air into the Jugular Vein two minutes after the Opening of the Vein in ordinary Blood-letting—Death seven hours and a half afterwards; by M. BOULEY.—Heaven be praised! this calamity occurred to a horse, and not to a human subject. A case we have already had to deplore in our report of Dr. Mercier's amputation of the shoulder-joint; but are we quite sure that the horse which survived the accident seven hours and a half, did really die from the introduction of air into the vein, and not from the disease for which it was bled?—On the 25th of January, 1839, says the author, I presented to the Academy a case analogous to this, in which the animal died within eight minutes after the introduction of air into the vein. On the 24th of March, my advice was required for a palsy horse. I considered the seat of the disease to be in the intestines, but without being able to define it with precision, I opened the left jugular vein, with intent to abstract four pounds of blood, but within two minutes the animal was suddenly seized with alarming symptoms, the incision of the vein was largely open and giving exit to frothy blood. The horse staggered, his tongue hung out of the mouth, and the pulse was insensible. Ascribing the symptoms to the entrance of air into the vein, I compressed the vessel between the orifice and the heart, and suffered about $\frac{1}{2}$ iv more blood to flow. The animal had convulsive movements, and expired seven hours and a half after the bleeding.—*Dissection.* The right cavities of the heart and pulmonary artery contains frothy blood, mixed with several air-bubbles. The left ventricle contained blood of the same mixture with air, as did the cerebral and cerebellous veins, also the vena porta and the jugular. The lungs were infiltrated with black blood; the pleura and pericardium contained a small quantity of yellow serum.—The chief disease of the animal was intestinal apoplexy (enterorrhagia), which here consisted of a considerable quantity of blood extravasated in the substance of the intestines, the amount of which was guessed at six or seven litres (quarts). This disease is generally mortal when the quantity of blood extravasated is great, and the author is of opinion that it was the chief cause of the death of the animal, although that event might have been accelerated by the air in the veins. An interesting discussion arose out of this case, which we may reproduce in a separate article in our next number, confining ourselves for the present to a remark made by M. AMUSSAT. To prove, says that gentleman, the danger of introducing air into the veins, I have only to cite a fact which occurred in the Amphitheatre of M. Orfila yesterday. A dog had been hung for some time without being dead; the jugular vein was then opened close upon the chest by my recommendation, and the animal died *instantly*. The dissection convinced us that the dog had died solely from the introduction of air into the vein. The right cavities of the heart were found distended by sanguineous froth, so that death in animals may be expeditiously produced by this mode.—In bleeding horses in the neck, the veterinary surgeon should be careful to make pressure between the orifice and the heart, in order to prevent the accident in question.

Mode of Reducing Luxation of the Lower Jaw by the Handle of a Knife, by M. OLLINET.

—The author had written to the Academy on this method. Being called to reduce a luxated jaw, he introduced a knife-handle to the furthest extremity of the jaw, which he depressed by means of the knife-handle used as a lever. This proceeding, said M. VELPEAU, who made the report on the case, was nothing new, excepting as to the humble lever employed, but as it was one of great simplicity, he voted the thanks of the Academy, and the insertion of the author's communication in the 'Bulletin.'

MEDICAL OBITUARY.

At Paris, G. S. Newbigging, M.D.—At Inverary, N. S. Wales, D. Reid, Esq., J.P., Surgeon, R.N., in his 65th year. He was one of the first settlers.

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* * * OUR countrymen are remarkable for an amiable weakness—a certain tenderness of pocket, which makes them endeavour to get everything at as low a rate as possible, not excepting medical attendance. For this reason, the majority of them intrust their health to the guardianship of the Apothecary, without entertaining the illiberal question, whether, when he charges nothing for his advice, he does not rate it at its real value. Neither do they suspect, that to pay a practitioner by taking his pills, draughts, and boluses, is no great temptation to him to abridge the complaints under which they labour; but with that common-sense which, equally with generosity, so greatly marks their dispositions, they estimate the severity of a malady by its duration, and remunerate their attendant accordingly. They have also much faith in the virtues of drugs, and this usually in proportion to the nauseousness of their flavour; so that, if the assistance which they derive from the Apothecary may with justice be called 'cheap and nasty,' the truth of the latter epithet enhances, rather than otherwise, the merit of the former. Such, too, is the discordance, both of opinion and practice, amongst the cultivators of the healing art, that it has probably been found by experience, that remedies are just as efficacious, when administered from custom or caprice, as when principle presides at their selection. The Apothecary is indebted, moreover, for his social existence, not only to the public, but also to the physician, whom he frequently "calls in;" sometimes because it is unfashionable to die without the sanction of that functionary, sometimes at the patient's request, and sometimes because it is, now and then, expedient to shift the responsibility of a case.—Mr. Luke Label, whom we select for description, is a man of middle age, and of large business; a "respectable practitioner," as he is called, whenever there is occasion to mention his name in the newspapers. * * * Old and middle-aged ladies call him a "fine man;" but whether by reason of his physical appearance or professional skill, or of prepossessions derived from the one in favour of the other, it is difficult to determine. * * * His education was of an average kind, and he studied medicine behind a counter. His therapeutical knowledge extends to the determination of the problem: "Certain symptoms being given, what is the usual remedy?" All ulterior research he stigmatizes as being "speculative,"

"theoretical," and "visionary"—words which he has picked up in the course of his reading; he attaches the same meaning to all three of them, and applies them indiscriminately to any attempt to conduct a case upon philosophical principles. He aims at nothing but relieving a symptom, the cause of the disorder, very possibly, remaining untouched;—but, what then? The sooner does the patient believe himself well, the more skilfully does he consider himself treated, and the more speedily will his malady return, to the no small encouragement of pharmacy, and the infinite emolument of its professor. The strongest mental faculty of our pharmacopole is common sense, in the ordinary acceptance of the term; namely, a tendency to concentrate every thought and feeling upon one object—getting money. * * * "Well!" said Mr. Label, one day, as he stood in his shop, with his back to the fire, "a pretty good morning's work, certainly—yes, certainly. Twenty patients at three draughts a day—that's five shillings. Five times twenty, a hundred—very good. They'll take them for a week at least; seven times one, seven—thirty-five pounds—capital! Confound those people in St. James's Street! they *will* take pills; let me see—three at night and one in the morning—four. Why, it will be a week before they take two boxes—we can't send more—and that will be only two shillings. They might as well have washed them down with a little *haustus effervescens*: stop;—I know!—we'll leave out the *aromatic*, and then they'll get tired of them. Mr. Jackson!" The address to the apprentice was spoken aloud—the soliloquy was *sotto voce*. "Yes, sir."—"Leave out the *oleum cinnamomi*, in Mrs. Tenderly's pills." "I did that the other day, sir, with Miss Diggram's, and she said they pained her."—"You're a foolish fellow, sir! Do as I tell you. Is Miss Diggram Mrs. Tenderly?" "No, sir."—"No, sir? To be sure not. Don't constitutions differ, sir; and don't I know when they do and do not?" "I should think so, sir—that is—of course. I suppose, though, they were pretty much the same in the twenty patients that you have ordered those draughts for."—"Why, sir, what makes you say that?" "Because they are all alike: *magnesiae sulph.* two drachms; *compound tincture of lavender*, drachms three; and the rest water."—"The rest *what*, sir?" "Water, sir."—"Mr. Jackson, I beg you'll mind what you're talking about. Water! Suppose any of the patients heard you; call it *aqua destillata* another time, sir. It's a very bad habit to get into an unprofessional way of talking. What do you think that Lady Mary Croakham would say, if she knew that *pil. panis* meant bread pills?"—This was a question not meant to be answered; it obviously admit-

ted of but one reply, which might have savoured somewhat of disrespect if it had been uttered aloud. So, Mr. Jackson, pausing before he spoke, just long enough to show that he had taken his master's hint, merely said, as he invested the last of the twenty draughts with the customary red paper head-gear and pack-thread cravat, "We're out of corks, sir." "Are we? I'll send for some more directly. What are you about, Mr. Jackson?"—"Capping, sir." "Capping!—do you call that capping? Look here, sir; this is the way—there—and don't go about complaining that I give you no professional instruction. Isn't this instruction? Unless you cap yaur draughts properly, who will ever take them but a pauper? Young men are getting above their business; they don't pay half enough attention to these kind of things. Why, before I had been apprenticed two months, I had learned the whole art of dispensing, in all its branches."—This was quite true. Mr. Label had become, very early in his noviciate, a proficient in the art of pharmacy. His skill extended to every kind of manipulation, from the simplest pounding to the most elaborate pill-grinding; he could guess at all doses with exactness, from a grain to a pound, and in making up a pretty-looking draught for a fashionable invalid, would display more taste than the most imaginative confectioner. "No, Mr. Jackson," resumed the Apothecary, softened a little, as he reflected on his own capabilities; "depend upon it, that, to succeed in practice, you must please the eye." "It's a rather difficult thing, though, sir, for a young man to get into practice in these times," sighed Mr. Jackson.—"Eh!—why—not so very, if you go the right way to work. The first thing that you should do when you've passed, is, to take a small business, with retail annexed."—"Ah! I suppose so, sir. Draw it mild at first, and come it strong by-and-by." "Don't learn to talk in that kind of way, Mr. Jackson, I observe it's very much the rage with you young men, just at present. It will do you harm. People will think you dissipated, if they hear you talk slang; besides, it's vulgar, sir; your by-words ought always to have something medical about them."—"I beg pardon, sir; I forgot." "Well, don't forget again. As I was saying, you buy a small practice; and I should advise you to start in the city. People eat and drink a good deal there, and you will always have patients dropping in, who want something for indigestion."—"Ah! exactly, sir." "Well, you give them a little *mistura stomachica*, or you make up a bit of a draught, one-half infusion of *gentian*, the other of *calumba*, with a drachm or two of *compound tincture of cardamoms*, and a few grains of *sodæ carb.* This relieves them directly. They are sure to come again, and you get talked of. At last, they get fever, and then you are sent for. You know my practice—the

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LECTURES ON SURGERY.

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DISEASES OF THE EYE CONTINUED.—CHRONIC OPHTHALMIA.—INFLAMMATION OF THE EXTERNAL PROPER TUNICS; OF THE INTERNAL PARTS; OF THE CHAMBERS; TREATMENT.—HYPOPIUM; IRITIS; RETINITIS.—INFLAMMATION OF THE VITREOUS HUMOUR, RETINA, AND CHOROID COAT, IN ELDERLY PERSONS.—GLAUCOMA.—CATARRHAL RHEUMATIC AFFECTION.—OPHTHALMITIS; TREATMENT.

WHEN active inflammation of the eye has been neglected or treated inefficaciously,—when a patient has resumed too soon the use of an organ, or has not paid proper attention to diet and general management, the disorder is protracted, it lasts a considerable time; it becomes what in technical language we call *chronic inflammation*—*chronic ophthalmia*. The symptoms are not so troublesome to the patient as during the acute stage of the inflammation; there is less pain, less uneasiness; the blood-vessels of the organ are distended; the eye is incapable of making its usual exertions, and waters and feels uneasy when the patient attempts to employ it; it appears to him to be weak, he wants something to strengthen it, and from the general use of this expression, the patient is apt to employ tonic remedies, or is led to suppose that there is some actual weakness present, which it is necessary to remove by stimulating local applications and internal treatment of a similar character. Chronic inflammation of the eye is, in fact, essentially the same kind of disturbance as the acute, except that it is less violent, and that the disturbance is not so considerable.—*Treatment*: The first point, therefore, in treating a case which comes under the description of a chronic ophthalmia, is to remove the inflammatory state; and this must be accomplished by means of the same character as those which we use in combating acute inflammation. It is often necessary to bleed locally, particularly by cupping; and sometimes in a case which, from its duration, must be called chronic ophthalmia, it is necessary even to bleed generally, and to use other parts of the antiphlogistic treatment. It has been very frequently the practice in cases of inflammation of the eye of some duration, to apply stimulating or astringent remedies, under the notion of giving tone or imparting strength to the blood-vessels, and removing the weakness which is supposed to be occasioned by permanent distention, produced by the inflammation. One application of this kind has come into very general use, and that is, letting fall into the eye a drop of the proper vinum opii—a vinous tincture of opium—the tinctura thebaica of the *old* London Pharmacopœia. Now, in instances of inflammation of the external tunics of the eye, where by active treatment we have removed the more striking symptoms of the inflammation, where the eye is in that state in which it pours out water when it is exposed to the air, and in which there is a fulness of the blood-vessels and uneasiness, the patient experiencing no other inconvenience, the vinum opii may be dropped into the eye once or twice a day, without any disadvantage, and sometimes with much benefit.—I have mentioned the use of *astringents* where the mucous membrane is the seat of inflammation. In the catarrhal ophthalmia, purulent inflammation, purulent ophthalmia of newly-born children, acute gonorrhœal inflammation, and that subsequent state in which the mucous membrane lining the eyelids becomes granular (the mechanical irritation of those granulations producing vascularity and nebulous opacity of the cornea), the employment of astringents after the use of all such means as are calculated to reduce inflammation, may be beneficial. A solution of the nitrate of silver may be tried, and the undiluted liquor plumbi acetatis is sometimes considered the best. But it is sometimes necessary to go beyond this—to invert the eyelids more especially, and to rub the internal surface with the sulphate of copper in substance. This is a remedy which you are not to apply very frequently, and even then it is necessary to absorb, with lint, the

moisture from the eyelid, before you replace the lid on the eye. In chronic ophthalmia, counter-irritation is serviceable; blistering behind the ear, or in the nape of the neck, friction with the tartar emetic ointment, and, in some instances of obstinate chronic inflammations of the eye, more especially in those where there is some change from deposition into the structure, great advantage is produced by a seton in the temple, which you may make by pinching up the skin, carrying a knife through it, and introducing the seton. This mode of counter-irritation is very useful in the treatment of obstinate inflammation of the eye of a chronic kind.

INFLAMMATION OF THE EXTERNAL PROPER TUNICS, which I mentioned to you in the last lecture, that is, inflammation of the sclerotica, in which the cornea is often involved, and the iris sometimes participates, may be produced by external causes. If a foreign substance, for instance, lodges in the cornea,—if a smith, for example, in striking a hot iron, knocks off a portion, and it becomes fixed and impacted in the cornea, it will produce inflammation of the cornea, and a corresponding inflammation of the sclerotica coat; and other kinds of wounds or injuries will produce the same sort of mischief. But we see inflammation of the sclerotica most frequently as a form of rheumatism affecting the eye; that is, it occurs in persons of a rheumatic constitution. The sclerotica is of a fibrous texture, and analogous, therefore, to some of those textures of the joints which are the seat of the affection; hence inflammation of the sclerotica is sometimes described under the epithet of *rheumatic ophthalmia*. This is a form of disease which we frequently observe in conjunction with, or in succession to, gonorrhœa. In individuals of a rheumatic constitution, in whom this affection of the external proper tunics of the eye takes place, either with gonorrhœa or rheumatic affections of the joints, which themselves occur under gonorrhœal inflammation, you have this affection with inflammation of the urethra and purulent gonorrhœal discharge. The affection of the external proper tunics of the eye, and inflammation of the synovial membrane of the joints, are sometimes combined together, sometimes they occur in succession, and sometimes they alternate, that is, you have the disease passing from the one to the other organ or texture, so that each part is affected more than once in the same instance.—I may here mention to you, that the eye is liable to three forms of inflammation in conjunction with gonorrhœa; in the first place, it is liable to a mild inflammation of the mucous membrane, something similar to that which I described in speaking of catarrhal ophthalmia; it is liable to a more dangerous inflammation—acute gonorrhœal ophthalmia; it is also liable to this inflammation of the external proper tunics, that is, of the sclerotica, in which the cornea is affected, and the iris is sometimes involved.—The *TREATMENT* of this affection, when it occurs in rheumatic subjects, or in conjunction with gonorrhœa, is essentially the same with that which I have mentioned before. You must, in the first instance, adopt an antiphlogistic treatment, according to the symptoms and general state of the constitution, and then it is advantageous to resort to a moderate use of mercury, employing calomel and opium if the sufferings should be considerable, or Plummer's pill, four or five grains night and morning, together with aperients and blisters. You sometimes find it necessary in these cases to employ mercury so actively as to affect the system.

INFLAMMATION OF THE INTERNAL PARTS OF THE EYE.—I proceed next to speak of inflammation of the internal parts of the eye. The chambers which contain the aqueous humour form a point of transition between the external and internal parts of the eye, for the concavity of the cornea constitutes a portion of those chambers, while its convexity forms a part of the external surface. The sclerotica, the cornea, and the iris, appear to be closely connected in a pathological point of view, as well as in their ordinary vascular supplies; so that you do not find one of those parts to be considerably affected, without the others participating in the affection. If any cause of inflammation affect the cornea, the vessels of the sclerotic coat become distended; when inflammation of the

pills at night, and the draughts three times a day. You can't do better.”—“No, sir; I know that. And what sort of a house?” “Ah! why, I can give you a hint or two about that. It should be in a court, if possible, leading out of a thoroughfare. Then, you know, people needn't be seen when they come to you. Another thing; you should have something to attract attention. I saw a capital idea of this kind, the other day. A man has just started (in one of the streets near where I sent you about that bill), with a transparency over his door. It represents a Galen's head and shoulders, with the skin off—an excellent notion; it looks as if the man knew anatomy well; and the figure is holding that—what do you call it?—rod, with a couple of serpents turning round it.” “A clever contrivance, sir! splendid!” “Yes; but it won't do Westward, you know. I'll tell you what, too, you should do. Get your diploma put into a nice gilt frame, and hang it up in the ante-room to your shop, beneath the portrait of Dr. Cullen?”—“Yes, sir; that I knew was a good thing; I should have done that, certainly.” “Well, then, you should get married as soon as you can; it shews you to be steady, and women will never employ an unmarried medical man. And, by the way, always contrive to get into their good graces. They are capital advertisements.” “Advertisement, sir?”—“Yes; they will talk about you, and praise you up. I'll tell you one way of pleasing them—the married ones, at least. Now, if you were asked about diet, what should you say?”—“Inquire what the patient liked best, and let him have it.” “Nay, that's not exactly the thing. Find out what his wife or his mother would wish to give him, and take care to agree with them. If he has neither the one nor the other, make a point of forbidding what he asks for, and recommend some other article of food instead. Take care, however, that it isn't disagreeable. And, as to your manner; treat every complaint made to you seriously; never laugh at hypochondriacal affections; indeed, the less you laugh at all, the better. Keep up your dignity, sir; but be always patient, kind, and conciliatory in your behaviour, especially to women.”

As Mr. Label concluded this piece of advice, the surgery-door was gently rung by an applicant for relief, who turned out to be a poor woman, with a child at the breast, meanly clad, and looking very ill and miserable. “Well, ma'am, and what's the matter with you?” demanded that gentleman. “Oh! sir, I've had a hacking cough these three months; it do terrify me so, that I ain't had not a wink of sleep for a whole week, and the kernels is come down; and I've got sitch a sore throat, that I can't hardly swallow my wittles; and”——“Hah! let's see—Oh! Mr. Jackson! *Gargarisma commune*, and *haustus ruber*, *ter die*. The young man will attend to you, ma'am, if you've any more to say; just look to her, will you, Mr. Jackson? and, as to the medicines—n-t-s-u*—you understand.” Mr. Jackson proved that he did, by giving his master a look as nearly akin to a wink, as the distance between them allowed it to be—and Mr. Label went to dinner.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, December 11th, 1840:—

John Smith.
Samuel Baker Rowland.
James Alexander Robertson.
Samuel Kennedy.
John Thomas Mould.
William Papineau.
Robert Newman Barnes Mathews.
Herbert Wigan Swayne.
John Guazzaroni.
William Edward Boddington.
Henry Piers.
Peter Broome Giles.
Frederick William Tupper.
John Farra Watson.
Thomas Taylor.

* “*Ne tredantur sine nummo*,” “Don't let them be delivered without the money,” a technical term, equivalent to “No trust.”

iris takes place, the vessels of the sclerotica also become filled; so that, although we divide in our pathological considerations the external from the internal parts of the eye, you must be aware that there are points of connexion between them, some of the external and some of the internal parts occasionally suffering together.

INFLAMMATION OF THE CHAMBERS.—The chambers which contain the aqueous humour are liable to inflammation; this is an affection which is commonly seen in young subjects. When the complaint is fully developed (I speak of subjects of from two or three to seven or eight years of age), it exhibits the following appearances: the cornea is dull and hazy, and sometimes slightly nebulous; the sclerotica is red, particularly round the margin of the cornea, where it exhibits a zone of a pink or violet tint; the iris is altered in its colour, and in blue or greyish eyes it assumes a reddish tint, particularly on its pupillary margin; a purulent matter, or a something which wears the appearance of pus, is also secreted from the inflamed surface, and sinks to the bottom of the anterior chamber, where it forms into a small collection, in shape somewhat resembling the white mark at the root of the nail. A little pain is experienced in the eye and in the head at the commencement of this affection; but at the time of its full development, and when it presents the characters I have mentioned, we find that the child hardly complains of pain, and exhibits no intolerance of light. At the first view of an eye thus diseased, you would suppose that the affection was serious, and would ultimately destroy the sight; it is not however of a dangerous nature, but yields readily to a simple course of treatment, and terminates without any ultimate injury to vision.—*Treatment*: In the first instance you employ a few leeches, and purge the child; then exhibit mercury—a grain of calomel, with two or three grains of antimonial powder every four or five hours; or four or five grains of hydrargyrum cum creta two or three times a day; in this way the matter becomes absorbed, and the cornea clear, and the natural appearance of the eye, and perfect vision, are restored.

HYPOPYIUM.—The deposition of matter into the anterior chamber takes place under several circumstances, and has been technically called hypopyum or *hypopyon*, a Greek term. It has been spoken of in works on the eye, as if it were a particular and distinct disease. Now *hypopyon* is not to be regarded as a distinct disease, any more than the presence of matter is to be considered a distinct disease in any other inflamed part in the body. The presence of matter in the anterior chamber of the eye, is the result of inflammation attacking some part of the concavity of the chamber; it is the result of inflammation arising to a certain point. Matter is deposited then on the surface which secretes the aqueous humour; it is deposited in the anterior chamber in consequence of inflammation—inflammation of the iris. It is also found to take place in consequence of inflammation of the cornea proceeding to suppuration. When the matter has formed, instead of escaping externally, it makes its way into the anterior chamber, to the bottom of which it falls; you see a yellowish substance having the appearance of fluid matter, subsiding to the bottom of the anterior chamber.—*Treatment*: It has been generally considered proper, in the treatment of hypopyon, to make an opening into the cornea to let out this matter, but, in my opinion, that practice is entirely wrong. The object here is to put a stop to the inflammation which produces the deposition; and if you do that, absorption is extremely active in the anterior chamber, and the matter which has been deposited will be quickly removed, so that an opening for its discharge is altogether unnecessary. Further, the opening for the discharge is not effective; for although this particular appearance leads you to suppose that a fluid matter is contained in the anterior chamber of the eye, you will find, when you come to make the opening, that it is a thick viscid substance; so that, although the incision is made, the contents do not run out. The matter is not fluid, like that which is found after phlegmonous inflammation; it is a thick viscid substance deposited in the interstices of the cornea; it is of no

use, therefore, to puncture the cornea; and further, when the matter has passed into the anterior chamber, it still possesses the viscid character, which prevents its escape. Accordingly, the plan ought not to be adopted in any instance.—When I say, in any instance, one may except the case where violent inflammation attacks the interior of the globe generally, and the globe suppurates; where the anterior chamber is filled with matter, and the whole globe presents a yellow appearance; where the whole globe may be said to be converted into an abscess. In this case the eye is destroyed as to vision, and you may hasten the healing, by making an opening to let out the matter; but where the injury is not so great, you are to employ the antiphlogistic treatment, or mercury, in the way I have mentioned, and trust to the natural process of absorption for removing the puriform matter in the anterior chamber.

IRITIS.—Inflammation of the iris—technically called iritis—shows itself principally by effusion of lymph. The iris and the anterior chamber of the eye bear a kind of analogy to the serous cavities of the body, the changes in the one resembling those in the other; for example, in the cavity of the abdomen, and also in the cavity of the chest, we observe that inflammation generally exhibits the adhesive character—that is, it produces readily the effusion of coagulating lymph, and the same circumstance takes place in inflammation of the iris. The lymph exuded in inflammation of the iris is deposited into its texture, and produces a difference of colour in the organ, changing its natural appearance; hence you have distinct masses on the surface of the iris—small tubercles—of which there may be one, two, or more, of various sizes, either on the edges of the pupil, or on the surface of the iris; it is also deposited in such a way, as to form preternatural adhesions between the margins of the pupil and the crystalline lens, fixing the pupil, and preventing its ordinary motions of dilatation and contraction. These are the principal symptoms: the change of colour in the organ, the deposition of lymph in different masses, either on the edges of the pupil, or on the surface of the iris, so as to cause preternatural adhesions between the pupillary margin, or posterior surface of the organ, and capsule of the lens. The pupil generally contracts in iritis at the commencement of the affection; indeed there is an intolerance of light, a painful sensation caused by the accession of light to the eye, and the pupil contracts, in order to exclude the admission of light, which acts painfully on the retina. The lymph which constitutes the preternatural adhesion, is thus effused on the contracted iris, which it tends to fix and retain in this condition. In conjunction with these changes in the appearance of the iris and the pupil, we find increased external redness of the eye, and this redness in the commencement is seated anteriorly on the sclerotic coat, forming a zone or boundary of red immediately round the margin of the cornea. The vessels of the cornea are but little distended, and the sclerotica retains nearly its natural paleness. Thus the eye presents a zone or boundary of red immediately round the cornea, while the rest of the organ is nearly natural in its appearance. As the affection however advances, more particularly if it be acute, the redness generally extends to the sclerotic coat; the vessels of the conjunctiva then become filled, and the whole external surface of the organ presents one general appearance of redness. The lymph which, in the first instance, is so effused as to form adhesions between the margin of the pupil and the crystalline lens, sometimes is thrown out in a larger quantity, and fills the pupil, generally forming an opaque greyish phlegm, destroying the natural dark-black appearance of the pupil altogether. When the lymph is thus effused, you will readily conceive that vision must be seriously impaired; indeed, when effusion has commenced in iritis, vision generally becomes dim, and the dimness often increases to such an extent, that the patient is merely able to distinguish between light and darkness. In conjunction with these changes, more particularly if the inflammation have been acute, the cornea loses its transparency; it becomes hazy and dull.—Iritis may exist in various degrees; you may have it acute or

chronic. In the acute affection, the symptoms are developed rapidly, and are not easily checked. The inflammation, which usually begins in the pupillary margin of the iris, soon extends, so as to occupy the whole surface of the iris, passing from this margin to the ciliary circumference, from the cornea to the sclerotica, and in the result affects the external as well as the internal parts. So that in acute iritis, after a time, you find it so extending as to occupy both the external and internal tunics. In chronic iritis, the inflammation will commence in the external ciliary margin; it may creep from the ciliary circumference to the internal parts, but it does so very slowly. In chronic iritis you sometimes have effusion of lymph, causing adhesion between the margin and the capsule of the crystalline lens, without any visible inflammation of the eye. This slow inflammation may be equally propagated to the more remote parts of the eye as in the acute form of the disease. Thus it may happen that iritis has occurred in one eye, that it has produced the deposition of lymph so as to form a series of adhesions fringing the entire border of the pupillary margin, and then extending to the whole of the tunics of the globe of the eye, so as to render the retina wholly insensible, without occasioning any redness or producing any pain, or in fact any symptoms that have attracted the attention of the patient or the persons attending him; and at last the patient has only observed by accident that vision is lost. There is therefore the greatest difference between acute iritis and one of these insidious chronic cases, and you have every gradation between them.—Iritis again differs with respect to the causes which produce it. It is sometimes brought on by causes immediately acting upon the iris; the wound, for instance, which is inflicted on the iris in the operation of extraction or depression of the cataract, will sometimes cause iritis. The exposure of the eye to very strong and powerful lights, or its exertion on minute objects, will cause iritis; and the inflammation thus produced by circumstances directly acting on the organ is called **IDIOPATHIC IRITIS**.—In the greatest number of cases of iritis, however, it seems to owe its origin to some morbid condition of the system, and one form of it has therefore been called **SYPHILITIC IRITIS**, most frequently seen as a secondary symptom when occurring in connexion with syphilis; it is particularly characterized by effusion of lymph in distinct masses on the external surface of the organ. You see little drops or tubercles of lymph of a light-yellowish-brown colour, sometimes of a pretty bright red colour, deposited either on the margin, or on the surface of the iris itself. Together with this other changes arise in the organ from the general effusion of lymph into its texture. When these masses of lymph are deposited on the pupillary margin, they fix it by adhesion to the capsule of the crystalline lens, and render the parts incapable of motion, producing an irregularity in the functions of the organ. In syphilitic iritis there is another symptom characteristic of the complaint, it is that the pain consequent in the affection appears in the form of nocturnal paroxysms: the patient is tolerably easy during the day, but soon after going to bed, or at some particular hour at night, or early in the morning, severe pain comes on; often not of the eye itself, but of the parts around it, and increases to such a degree as to prevent the patient from resting during its continuance. Another form of iritis is frequently seen in gouty persons, called **ARTHRITIC IRITIS**, which is distinguished by the circumstance of the patient having had other arthritic affections, and by the iris being generally changed in colour from effusion into its texture, but not exhibiting the distinct masses of lymph on its surface, the pupil being contracted, and occupying the centre of the iris, whereas in syphilitic iritis, in consequence of effusion of lymph in the iris, it is apt to be irregular, and is very frequently contracted and drawn towards the internal angle of the eye.—**TREATMENT**: In the treatment of iritis we are to employ in the first instance active antiphlogistic means. Here is an active inflammation spreading with great rapidity (if of the acute form), seated in an important part of the eye, which if you allow it to pro-

ceed, will extend from the iris to the choroid coat and to the retina, and endanger sight in the most serious manner; you must therefore take blood from the arm in robust persons, and also from the head and neck by cupping, repeating these until you have decidedly checked the inflammatory affection. In many cases of iritis you can remove all symptoms, and put a stop entirely to the affection, by the antiphlogistic treatment, carried to a considerable extent, and persevered in for a sufficient length of time. But in many instances, although you can check the inflammatory disturbance, although you can lessen the vascular congestion of the eye, and relieve the patient from all feverish symptoms, yet you do not succeed in putting a stop to the effusion of lymph or accomplish the absorption of that which has been already deposited. You find it necessary to resort to other means, principally to the use of mercury, so as to affect the constitution. The use of this remedy, after the employment of the antiphlogistic means I have mentioned, has the most decided influence in putting a stop to the disturbed condition of the vessels of the iris on which the effusion depends: it arrests the effusion; that which has been already effused becomes absorbed; the masses of lymph, when such have been poured out, are removed by the absorbents, the iris recovers its natural colour, the cornea becomes clear again, the zone of red, in the sclerotic coat, around the cornea, becomes less vivid, is soon dispersed, and vision is rapidly restored. These effects take place with great rapidity when the system has been strongly and speedily affected by mercury; these beneficial effects depend mainly upon the degree of influence which the mercury has on the system; for this purpose the exhibition of calomel with opium is the best mode of proceeding. Two or three grains of calomel with a third or half a grain of opium, may be given every four, six, or eight hours, until free salivation is produced. In some particular instances you may find it necessary to rub the mercurial ointment on the inside of the thighs; to administer the hydrargyrum eum creta, or the blue pill; but in general calomel and opium do very well. You must keep up the mercurial effect on the system until all appearance of disease is removed, and then you must allow it slowly to subside. In conjunction with this exhibition of mercury, you must employ belladonna locally in order to dilate the pupil.—You may rub the upper eyelid, the eyebrow, and the neighbouring part of the frontal region, with the extract moistened into a sort of paste with distilled water, using it as if you were laying on a coat of black paint, letting it remain there for an hour and then washing it off. The employment of belladonna in this way with mercury, favours the action of the remedy; while the lymph is absorbed under the action of the mercury, the belladonna favours its power by dilating the pupil, by overcoming the contraction which is observed in iritis; in instances where adhesion has been produced between the capsule of the crystalline lens, and the margin of the pupil, if this remedy be applied while the lymph is still soft, the adhesion in many cases will become detached, so that the pupil recovers its natural size and usual mobility; or in other instances the soft and ductile matter is stretched, and the adhesions, instead of fixing the capsule of the lens to the margin of the pupil, form links or threads which do not materially interfere with the motions of the iris.—I wish you to understand, that in many cases a cure may be effected by the ordinary antiphlogistic means; I only speak of the mercurial treatment, as being very advantageous in most cases, and very useful in bringing the complaint to a more speedy and effective end than would be obtained by the employment of the antiphlogistic means alone; but it is not essentially necessary in all cases. In *gouty iritis*, the free employment of mercury is not so advantageous as in syphilitic iritis, and in that of the idiopathic description. It has been found, that persons of gouty diathesis do not bear the exhibition of mercury so well as others. In such cases we employ antiphlogistic means, according to the degree of inflammation which is present, and use the mercury moderately. I do not consider that the use of mercury in gouty

habits is so injurious as to prevent its employment in moderate doses; on the contrary, I think it ought to be used moderately; we may employ the Plummer's pill night and morning, but not so as to produce its decided influence on the system.

RETINITIS.—The retina is, perhaps, as liable to inflammation as the iris, but we are less acquainted with the phenomena of inflammation in this part, in consequence of its being situated out of our sight; and as it does not in general terminate fatally, we have not the opportunity of tracing the phenomena after death. Many cases occur, however, in which we can entertain little doubt that inflammation of the retina is the cause of the symptoms. I may mention an example of this:—A young woman, of florid complexion, and rather full habit, who was cook in a large family, occupied for many hours a day before a large fire, and living tolerably freely at the same time, began to feel uneasiness in one eye, the vision of which also became dim. When I saw her, she said she had something the matter with one eye. On making a superficial inspection, nothing was apparent, but on examining the eye more narrowly, I observed that one pupil was a little more dilated than the other. There was a degree of redness and flushing of the face; and on questioning her, she said that she had had considerable pain in that side of the head, with dimness of sight. There was a white tongue and thirst, and a slight tinge of redness was observable in the cornea, with a slight dilatation of the pupil. These constituted the only visible changes in the eye. I directed that she should lose some blood from the arm, take active aperient medicine, go upon a reduced diet, and avoid exposure of the eye to any strong light or heat. In a couple of days I saw her again, but the treatment had made the eye no better; on the contrary, the sight was worse. I then directed the free abstraction of blood from the arm, and cupping, with aperient medicine, and at the end of two other days the sight was still more dim. I then commenced the active employment of mercury, giving every four hours two grain doses. Two days from the commencement of this plan, she could not feel that the sight was worse, but upon accurately examining, I found that in reality, at this time, vision was very nearly gone, and she could do little more than distinguish between light and darkness; however, after this time, the mercury very speedily affected the mouth, and in a short time more, very profuse salivation was produced, on which all the pain ceased, and vision was so much improved, that in the course of a few days the power of the retina was completely restored. Now this is an example of inflammation of the retina, confined to the texture in which it first commenced, and extending very little to the other parts.—**TREATMENT:** The treatment is, in fact, the same as that of iritis generally. Antiphlogistic means first, and then the use of mercury, so as to produce its peculiar effect on the system; and, as far as my experience goes, I should say, that mercury thus used, exerts fully as decided a power in putting a stop to the inflammation, as it does in stopping inflammation of the iris. In all cases, then, that come under the description of active inflammation of the retina, you may trust with full confidence to the exhibition of mercury in this way.—Now if the inflammation of the retina so commencing be allowed to proceed, it will, in the first place, render the retina incapable of vision; but as the inflammation extends to the other tunics, and, no doubt, the choroid coat and the sclerotica now become inflamed, a zone forming round the edge of the cornea; then the iris begins to alter in colour, the pupil begins to contract, lymph is effused into the aperture of the pupil, and thus we find it is a case of inflammation of the internal tunics of the eye generally. In the commencement, it would be a case simply of inflammation of the retina; in the end it would be a case of inflammation of the internal tunics generally. The treatment is the same as in other cases of the kind.

There are some cases of inflammation of the internal tunics of the eye, in which the attack of inflammation seems to take place in the **VITREOUS HUMOUR, RETINA, and CHOROID COAT.**—These occur in elderly persons; at all events, in persons

past the middle period of life; either in those of a gouty constitution, or in those who have lived very freely and who have brought on a state of body very analogous to that of gouty diathesis—persons in whom free habits of living have produced redness of the integuments of the nose and face—pimples; a swelled state of the nose, with a varicose condition of the vessels about the face. In such instances, severe pain will come on in the eye; the pupil becomes dilated, and instead of presenting its natural colour, exhibits a dull dirty greenish hue, in consequence of the change which the inflamed vitreous humour has undergone. The pupil is excessively dilated, the iris is altered in colour, generally becoming of a dull leaden cast; there is great distention of the external vessels of the eye, particularly of those of the choroid coat, and in the very commencement of the affection, vision is usually totally destroyed. With this green shade, this excessively dilated condition of the pupil, and the dull leaden-looking iris, you have almost a complete loss of vision. It is, in fact, an inflammation commencing in parts most essential to the function of vision—in the retina, in the vitreous humour, and probably involving the choroid coat.—**TREATMENT:** All we can do in a case of this kind, is by the employment of antiphlogistic means to relieve the patient from the pain in the eye, and the general inflammatory symptoms that accompany the affection. It is sometimes called

ACUTE GLAUCOMA, this term being derived from the greenish appearance of the eye. It has been called glaucoma from another symptom, which takes place where, without any enlargement of the vessels, without any very severe pain or absolute extinction of vision in the first place, the pupil exhibits the same greenish discoloration, a discoloration which obviously does not depend on a change in the crystalline lens, for it is more deeply seated; it occupies the fundus of the eye, and you can only see it by looking at it when you are standing directly before the patient, not by looking at the eye sideways. This is called glaucoma simply; and it appears to me to be a chronic form of the same affection as that to which the term acute glaucoma is given. This chronic form of glaucoma is important to be observed, for it is liable to be confounded with cataract.—**TREATMENT:** By moderate antiphlogistic treatment, with the moderate use of mercury and means of that kind, you may check the progress of chronic glaucoma, but you do not in general succeed in restoring vision; the best you can do, is to prevent the change from getting beyond the point it has reached at the time you see the patient, and to preserve that degree of vision which the patient may then possess.—These are the principal inflammatory affections of the eye. I have mentioned them as they occur in the particular textures of the organ; not that in all instances you will see them confined to those textures, but only very commonly. You will find them limited in proportion as the period at which you see the patient is early, and the treatment has been judicious. It is principally in consequence of neglect or injudicious treatment, that the affection becomes extended over the several textures of the organ, or the whole of the eye.

CATARRHAL RHEUMATIC AFFECTION OF THE EYE.—Now, when the conjunctiva is affected, I have mentioned that you will find it occurring under the form of catarrhal inflammation; when the sclerotica is involved, it is generally rheumatic inflammation, and may be called rheumatic ophthalmia. But those two tunics are so intimately connected, that it is not uncommon to have them both affected at one and the same time, when the disease has been designated as above.—**Treatment:** There is nothing peculiar in the treatment, when both membranes are involved at the same time; in fact, the treatment of inflammation of both membranes of the eye is generally the same as that of other parts of the body. In the same way inflammation attacking any one particular texture may extend, first, to the internal, and then to the external tunics, although, in general, if the treatment be judicious, it is confined to the texture in which it is originally developed.

YOUNG SURGEON ON SHIPBOARD.—CHAP. VIII.

By A. GRANT, ESQ., M.R.C.S., &c.

THE next form of disease I have to speak of are ulcers arising from musquito bites; there was scarcely a man in the ship who was not more or less affected with them. The skin of the European is at first very sensitive to these bites. I have seen in young men of fair complexion, the whole cuticular surface covered with these bites, and presenting a red inflammatory appearance. The sense of itching is almost intolerable, and it requires some fortitude to resist scratching them; this only tends to increase the itching, as it happens that during sleep the person has unconsciously inflicted upon himself some deep scratches.—These are the foundations of ulcers of an irregular shape, superficial and circumscribed in their character, with hardened edges and glazed surface, from which oozes an ichorous discharge, and shows no disposition to healthy action; they are generally met with in the lower extremities, seldom indeed upon other parts of the body. I have made trial of a variety of applications to such sores, and I give a most decided preference to the nitrate of silver, either in solution or in the solid form, according to circumstances; and along with this the ointment of the peroxide of mercury. They are not attended with any great degree of inflammatory action in the surrounding parts, consequently the patient during the treatment continues to do his duty. The other forms of ulceration met with during the voyage were not numerous, but one of these in particular was of a very aggravated description.

E. A., æt. 21, applied to me on the 4th of August for slight sores in the perineum, which appeared to arise from excoriation. Simple ointment with lint was applied and rest enjoined. The parts, however, became more inflamed and indurated, several boils made their appearance and were opened, giving a discharge to a thick fetid pus. Poultices were applied to the parts which showed no disposition to heal up; long sinuses formed, which coursed amongst the cellular membrane, and at places communicated with each other. The parts assumed a dark livid appearance, with the edges of the sores deeply undermined; sloughing commenced, and, notwithstanding every means, gradually extended itself, until an opening nearly as large as the palm of the hand had formed, and of a proportionate depth. Dark sloughs filled up its centre, and the discharge was very profuse and most fetid. Various stimulants were applied, as camphorated oil and turpentine, and chloride of lime water; but still the parts continued sloughy, with no disposition to healthy granulation. He was now put upon nourishing diet, with quinine and wine; dressings soaked in turpentine were applied; the sloughs separated, and after a very tedious process the wound filled up.

In surgical writings there is a great want of information upon this diseased condition of the cellular membrane; of its pathology little is known, its local and constitutional treatment both remain uninvestigated. This poor patient always became worse as the temperature increased, being confined in a close and crowded gundeck, where the heat, particularly during the night, was very oppressive, and in a hammock there is no arrangement by which you can keep up a circulation of air beneath the bed-clothes; it was then that the pain was most acute, lancinating, and prevented rest; the body being in a state of perspiration, and the discharge from the diseased surfaces spreading itself upon healthy parts, produced fresh excoriations and inflammation, which was extremely prone to end in suppuration or gangrene. Everything was done to counteract this want of vi-

talities in the parts, both by local and constitutional remedies, but the unfortunate situation of the disease, and the adverse circumstances in which the patient was placed, baffled every attempt at a permanent cure.—There were two cases of extensive varicose ulcer, and four of callous or indolent ulcer, all situated in the lower extremities, and having a constitutional as well as a local origin; the other cases were neither extensive nor virulent, and merely the result of some local irritating cause.—When the parts surrounding the ulcer were tense and inflamed, I had the patient confined to the recumbent posture, and poultices applied until this state was reduced. The after treatment consisted of some stimulating application to the sore, and the nitrate of silver to destroy the callous edges, and above the dressings a calico roller. In the further advanced stages straps of adhesive plaster were used in the manner recommended by Mr. Baynton. This is a most excellent practice, and one well adapted for on board ship; there a man's labour is particularly valuable, as it cannot possibly be substituted; with straps and a roller well applied he can go about his ordinary duty; and I think it will be found, in most cases of indolent ulcer, that more benefit is derived from the energy communicated to the system, and through that to the ulcerated part, by the patient moving about in the open air, than any advantages to be had from rest and the recumbent posture in a confined situation.

FOREIGN JOURNALS.

Gazette des Hopitaux.—*Journal de Chimie Medicale.*—*L'Experience.*—*Hufeland's Journal.*—*Gazette Medicale.*—*Monatschrift für Medicin.*—*Medicinisches Correspondanz-Blatt.*—*Zeitschrift für die Gesamte.*—*Wochenschrift für die Gesamte Heilkunde.*—*Zeitschrift für die Gesamte Medicin.*

Insidious Nature of Fatal Pneumonia in Old Age.—We fancy we know a great deal about pneumonia, nevertheless it frequently proves fatal when many practitioners have been unable to detect its existence. Baglivi, in speaking of pulmonary complaints, loudly lamented the ignorance even of the princes of science in his time, and there is still much to be learned. "*O quantum difficilior,*" says he, "*eosdem cognoscere et de his certum dare præsagium! fallunt vel peritissimos et ipsos medicinæ principes.*" The *Gazette Medicale* has a memoir on this subject, which may be consulted with advantage. Our limits will merely permit an extract on one or two particulars. There are cases in which even percussion fails to reveal the disease on account of vicious conformation of the chest or emphysema, or atrophy of the lung, or because the pneumonic nuclei occupy the central parts of the lobes. There are also cases where the same impediment results from the subcutaneous cellular membrane having been more dense by a thick layer of adipose vesicles. The absence of sound is less frequently marked in old age than in younger subjects. It is more clear in hepatization, yet its absence is no proof that hepatization does not exist; but when the pneumonia is complicated with pleuritic effusion, the want of sound is complete.—The ear appreciates the most certain signs, but the respiratory sounds are not precisely the same in the aged as in the young. In the first stage of pneumonia, the crepitating rattle is not so constant. Sometimes it will be heard when the patient coughs. A more humid rattle, designated *rhoncus sous crepitant*, is very general.—There is a cause of error against which the practitioner should be prepared; this is a bronchophonic echo, and

a certain degree of bronchic respiration when no hepatization exists. This phenomenon may be accounted for by an enlargement of the bronchial tubes in old persons. When this state exists, the respiratory noise being more intense on the healthy side of the chest, may lead to error in prognostic. These sounds are more intense in the posterior part of the lungs within the triangular space between the shoulder-blades.—The bronchophony partakes of the jerking character of œgophony. When the pneumonia passes from the second to the third degree, which often takes place with great rapidity, it sometimes happens that the bronchial respiration and voice is no longer heard. At each inspiration a sound is heard, which gives the idea of valvular productions of mucus within the bronchiæ. At a later period the tracheal rattle is heard. On the sound side the different varieties of the sibilant rattle mask the vesicular sound, which is exchanged for that of a rasp. The anxiety is now intense, the patients incline towards one side, and sit up in their bed without complaining much of dyspnoea, although the respiration exceeds forty in a minute. The parenchyma of the lungs now becomes impermeable to air, and equally so to the blood, so that the patient dies at length of asphyxia.

Poisoning by Colchicum.—The *Journal de Chimie Medicale* gives the case of a man who swallowed, by accident, a decoction of colchicum seeds, the quantity of which is vaguely specified to have been a large spoonful. In the course of a few hours he had fifteen stools and vomitings. On the following day the evacuations were less frequent, but the abdomen contracted spasmodically on being touched, the pulse was small, the stools were liquid, very fetid, and intermixed with white membranes. On the third day, at eight o'clock in the morning, his respiration was hurried, his eyes were sunk in the orbits, the pupils were dilated, the tongue was covered with a whitish coat, and the patient experienced difficulty in putting it out of the mouth. The region of the stomach was slightly painful. The breath, face, and extremities were cold, the pulse was very frequent and scarcely perceptible, the stools were more numerous, and contained matters of a light blue colour; in two hours afterwards the man was a corpse.—On *dissection*, the muscles were found remarkably rigid. The abdomen was very hard, and covered with violet and greenish-blue patches, in rays uncircumscribed. The muscles were dark blue, and as if dried by the air. The trachea near its bifurcation was inflamed, the lungs were flaccid and soft to the touch, but internally were free from disease. The surface of the heart contained black, violet, and brown spots, something like those on the abdomen. The œsophagus was of a brownish red below the diaphragm, and the cardiac orifice of the stomach was of a black colour. The colour of the stomach, both within and without, was violet. The veins of the stomach and intestines were filled with blood as black as coal. The liver had a violet tint on its surface. The intestines manifested very slight traces of inflammation externally, and nothing within excepting a few red and brownish spots.

Blennorrhagia and Syphilitic Diseases of the Neck of the Uterus.—We have before reported the opinions of Dr. Gibert, late of the *Hospital de Lourcune*, that the seat of blennorrhagia is not in the vagina, but in the *uterus* and *meatus urinarius*. In like manner is it ascertained at the same venereal hospital that the different species of granulous fungose, mulberry-shaped necks of the uterus, are in reality syphilis. But as there are other discharges from the uterus in all cases of obstinate and incurable leucorrhœa, the practitioner would do well to employ the speculum.

TO CORRESPONDENTS.

A. E. must accept our best thanks.

MR. MOORE.—There were almost as many professors in 1820 as there are now. Is any particular institution referred to? The sketch shall have a place.

JASPER BUDDLE in our next.

A CONSTANT READER.—Sir John Doratt is not physician to any metropolitan hospital. We believe he is now in Germany. He was in the army.

WE have stated, ('Medical Times,' November 21st) article on "Legislative Reform of British Medical Polity"—"That 'a diploma granted by either of the three faculties of Paris, Montpellier, and Strasburg, confers an equal right to practise in every part of France, without farther qualification, appeal, or restriction—in fact, 'urbique gentium.'" But we omitted to state that the said diploma of France does not confer the right to teach, except as a private lecturer, and then, as we have been given to understand, not to more than nineteen students at a time, and in the same course. It was said that Spurzheim was restricted in this manner in his lectures on Phrenology at Paris.

WRITTEN on seeing a Saint-like Counter-Surgeon in a certain watering-place, personating an eminent and consulting practiser, who was absent from illness, and riding in that gentleman's green carriage, which bore the crest of a goose's head and neck for its appropriate emblem at the time—A.D. 1824.

"Oh! what an Angel of a Goose!"—Peter Pindar.

Green geese for good angels some folks have mistaken,
And sure some such error was made to other day;
For just where the neck of a goose hung forsaken,
The trunk had crept in and was rolling away.

Fuscus Rigdum Funnidos.

Shakspeare talks of the people turning green geese into angels, or goslings into godlings by popular deification. Such comical metamorphoses as these do most certainly so happen very frequently in physick. The transmogrification of common commercial druggists by a hop-step-and-jump from behind the counter, into Apothecary-surgeons, or Fielding's Apothecary-Doctors, has been quite a common-place step in some certain watering-places, notorious for Humbug Water-Doctors. Indeed, these metamorphoses of the living bodies and souls of druggists have been almost as usual as the changes of Caddows or other grubs into grey drakes, May-flies, or black-beetles.

KING'S COLLEGE HOSPITAL.—We have heard some rather strong remarks from students here, upon the contrast between the professions of regularity exhibited in the lobby of the hospital, and the real irregularity of attendance of two of the medical officers.

THE STATE OF THE PROFESSION in the neighbourhood of Clare Market, may, in some wise, be gleaned from the following announcement, printed on paper in size and quality the exact counterpart of that patronised by the venerable company of Eady, Sloane, and Co. This bill has been profusely scattered from the penny establishment of a Mr. Tompson, calling himself "a licensed practitioner."—What next?

"AROMATIC TONIC CORDIAL.—This cordial is strongly recommended to the Public from its having been found an invaluable remedy in all those distressing cases arising from general weakness and want of tone in the stomach.—It will be found to be most beneficial to those persons of both sexes who are suffering from indigestion, lowness of spirits, nervousness, cramps, spasmodic pains in the stomach, and especially in the collapse attendant upon previous excesses, and in the hysterical complaints of delicate females.—Although possessed of the above qualities, still this cordial produces no aperient effects; indeed it may be considered as much in the light of a pleasant stimulating drink for the healthy, as of a potent remedy for the sick; and the extremely low price at which it is sold, viz., one penny per draught, places it within the reach of persons in every condition of life. Sold in any quantity at the above rate.—15, Blackmoor-street, Drury-lane." Quack, quack, quack.

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THE MEDICAL TIMES.

UNITY OF SURGERY AND MEDICINE.—SIR ASTLEY COOPER'S TREASON.—DR. MACARTNEY'S ANECDOTE.

ONE of the most important points in the consideration of the question of Medical Reform is the unity of Medicine and Surgery, in education, degree, and privileges. On the good sense and expediency of separating Medicine and Surgery in education, degree, or even practice, it is superfluous to dilate at great length. This subject has been worn threadbare by continued discussion from the days of Hippocrates, to the foolish manifesto a few years back of the London College of Physicians. As to the High Treason of Sir Astley Cooper in prescribing for George IV.! What, indeed, a surgeon prescribe for a King! "O tell it not in Gath, O proclaim it not in Askelon," vociferated the "eel-backed" President, Sir Henry Hallford, Bart.! What a painful wound to corporate pride! The question was agitated with great violence in France during the existence of the old corporations, under the Ancienne Regime. The memoirs of that splendid and munificent body, the French Academy, abound with the fulminations of Physicians and Surgeons against each other, "which" says a great writer, "were as pernicious to society, as unworthy of scholars and gentlemen." In Elizabeth's reign in England, the London College of Physicians prosecuted the members of the Companies of Apothecaries, for practising physick even in surgical cases; and it was maintained, that in every surgical case, a surgeon must be had to apply plaisters, a physician to order purges, and an apothecary to put them up, greatly to the relief of the POCKETS of the patients, and GOOD ORDER of the PROFESSION. In 1595, Lord Chief-Justice Popham decided, that "No surgeon, as a surgeon, might practise physick, no, not for any disease, though it were the GREAT POX" (Allston). Professor Macartney, late of Trinity College, Dublin, even

in these more modern days, gives us a rich and racy anecdote of a comical compliance with Lord Popham's pure and purse-milking law: "A gentleman advanced in life received a bruise upon his toe, which was followed by severe inflammation and ulceration. A pure apothecary was called, who immediately decided on treating the case with digestives. In pursuance of this plan he attended daily, and spread his ointment of basilicon and gum elemi, and stuffed the sore well with this application and lint. He had had 20 years' experience—he had always had recourse to digestives; and he was resolved the sore should be well digested!—Symptoms, however, became worse, despite of "the digestives;" the inflammation and ulceration spread; the pain was increased; the discharge became thinner, and a consultation was at last proposed. The 'PURE' apothecary then called in a 'PURE' physician, who was an 'Oxford Graduate,' and of course a Doctor of highest degree. This pure declared 'matter would form under the fascia, sloughing would ensue, and the toe had better be removed!' He had seen these operations performed, and would undertake it himself. Accordingly the PURE physician made his incision through the skin, but found he had forgotten to bring a saw (!) A message was instantly dispatched to a butcher's shop, and the pure physician proceeded to saw through the bones, flesh and all, (!!!) but found at the end of the operation that he had not left a FLAP (!!!!) However, the pure apothecary was again set to work to dress it, and a fresh load of his lint and digestives was applied. Pus formed, and of course could not escape from the digestives and lint. The operator was frightened at seeing the inflammation extend towards the side of the foot, and declared there was matter under the fascia, so it seemed that he had found that there was some such thing as fascia. He now said that the foot must be amputated, but the patient desired further advice, and called in a surgeon. The surgeon directed that the limb should be raised to such a position, that the inflamed part should be higher than any other part the limb commanded; that the digestives should be removed; that poultices should be applied; that some smart purges should be given, calomel, and so on. The part found instant ease; the patient slept for the first time for some weeks, though he had taken large doses of opium, and rapidly recovered. The pure apothecary remained quite satisfied that he was 'a man of experience!!' And thus it is that men with certain heads may go on for 100 years with their experience; and the doing of mischief will be all that their experience will teach them!! Nothing but selfishness, and the endeavour to humbug the public," continued, Professor Macartney, "could have produced the separation of Medicine and Surgery, as is now the case in Great Britain. But I have heard, even in London, one man boast that he was a pure physician; another, that he was a pure surgeon."

MEDICAL OBITUARY.—On the 11th inst., at his house Charlotte Street, Bloomsbury, of bronchitis, Dr. Michael Ryan, aged 41. Dr. Ryan was well known to the medical world as the editor of the *Medical and Surgical Journal*, and as the author of several able works on midwifery and medical jurisprudence. In him the poor have lost a kind and considerate friend, the profession one of its ablest practitioners, and his young and unprovided family a fond father and affectionate husband—their only support.

SIR BENJAMIN BRODIE'S CLINICAL LECTURE.

Delivered December 12th, 1840.

I AM sorry, gentlemen, I was unable to meet you on Wednesday, having to take a journey into the country to see a patient.

The structure of a part may be destroyed by the application of substances which act chemically upon it; these substances are denominated *caustics*. The death produced by caustics is of especial interest as connected with surgery. I shall not consider the mode in which caustics act, but I shall speak of the different caustics in use, and the occasions on which they should be used. I have said that caustics act chemically by destroying the chemical composition of the parts to which they are applied, most of them do act in this way, but those containing arsenic seem to act differently. Caustics applied to the dead body decompose the part to which they are applied, but do not penetrate into the body; in the living subject the blood conveys the agent to neighbouring parts, and in this manner a wider slough is produced. A great quantity of chemical agents may be applied as caustics. I shall speak only of those which we are in the common habit of employing. Some caustics act very slowly upon the part to which they are applied, while others cause the part to slough rapidly; some are productive of great pain, which last for a longer or shorter time; others again destroy the parts to a great extent; the effects produced by others are local. The period of the separation of a slough depends upon the state of the surrounding parts; if the inflammation at the margin be slight, then the slough remains a long time; if caustic be applied to granulations, then the slough comes away much sooner than for an original structure. There is a class of cases in which the application of caustic is most beneficial, viz., where there are exuberant granulations, or, as they are commonly termed, *proud flesh*. In some cases, granulations rise above the surface and prevent new skin forming over them; it is important that they should be destroyed, for this purpose you should use nitrate of silver; this causes the destruction of some, and the absorption of others. There are some cases where there exists a great number of fungous growths, and it is necessary to get rid of these. You will find this ointment useful—*Ærugo æris cupri. sulph. hydrargyri nitrico-oxidi, a.a. 3ij*; *Hydrarg. perchloridi 3j. Adeps q. s. ut fiat unguentum*. This may be spread upon lint, and applied to loose fungous growths. One mode of making issues is by applying caustics; you should use for this purpose caustic potass until it has just penetrated through the skin. If you rub on this caustic often, you get considerable bleeding; caustic potass, too, frequently continues to spread after its application. The concentrated nitric acid does not spread so much as caustic potass. I have seen nitrate of silver pounded and rubbed up with lard, applied to make an issue; its action, however, is slow, and causes much pain. Other caustics produce much less pain, and accomplish the object more rapidly than this. When an issue, or wound, or sinus is open, and you wish to keep it so, lest the orifice heal, and matter should form and produce abscess, you should touch the margin with caustic potass, which causes a slough, and this is a long time coming away. I have seen lunar caustic applied in these cases gently give pain, and cause even cicatrization of the orifice. You will frequently have to apply caustic, when it is material to use it well, as in the case of a bite from a mad dog; whether he be mad or only supposed to be so, the treatment is the same; it is better to excise the

part where this can be easily accomplished, but in the bite of the palm of the hand it would be a serious thing to cut out tendons, vessels, nerves, &c.; or it may be, that when you think you have cut out all, you cannot follow the wound, you will find it necessary to caustic it. Mr. Hewitt, of the Veterinary College, has always applied nitrate of silver to the part immediately upon the receipt of a bite from a rabid animal, and no bad consequences have ensued. The best caustic on these occasions is the caustic potass, because it dissolves and penetrates through to where the saliva may have penetrated. The best mode of applying it is to melt the potass in a silver or platinum cup, and dip into it a blunt probe, you thus get a layer of potass upon the end; by carrying the probe thus armed into the wound as far as the dog's tooth has penetrated, you may be sure of the caustic penetrating farther. You may use caustics to destroy diseased lymphatic glands. A man has an inflamed gland, which suppurates, and the wound will not heal, because at the bottom of it there is a diseased gland; no ulcer will heal without a healthy basis. You may destroy these by nitric acid or lunar caustic, but the potass destroys them entirely. This was used by Mr. Pierson—an ounce of crumb of bread, perchloride of mercury 3j, red lead 3j; this mixed and kneaded with the fingers should be rolled into conical troches, and these you may stick into the gland; they soon act, and continue acting until the whole gland is destroyed. If the application of the first troches be not sufficient, more may be inserted afterwards. I do not know whether the red lead does much good in this prescription, but I have employed this remedy as I found it. Caustics may be applied to various morbid growths, when they can be used; I prefer them to the knife, for these reasons, that the application of caustic is not so formidable as an operation, nor does erysipelas follow its use so frequently in those constitutions in which the slightest wound will cause diffused inflammation of the cellular membrane. But caustics are only applicable to morbid growths of small size, for a large application of caustic causes too much suffering to the patient. Warts on the penis or pudenda may be easily destroyed; sometimes where a great mass exists on the penis or pudenda, the lunar caustic is too weak, you should then use nitric acid till the whole is destroyed. The following will answer well—a drachm of nitric acid to two drachms of the muriated tincture of iron. A useful escharotic for warts on the penis or pudenda is powdered savine and *ærugo æris* sprinkled upon them, which causes sloughing. Another is this—Nitric acid 3ss, white oxide of arsenic 3j, which has the double action of arsenic and nitric acid. On these occasions of employing caustics, without care we are in danger of destroying the skin in the neighbourhood; this may be prevented by having at hand some agent which will neutralize the operation. I may observe once for all, that it is necessary to use this precaution. If you are employing caustic potass, have by you vinegar; if chloride of zinc, bicarbonate of potash, and so with the other caustics. Caustics may be used with advantage in congenital tumours, *nævi*, &c. Little vascular spots on children's faces are an object of anxiety frequently in the upper classes; if you look at these you will see one large vessel and several branches supplying them. You may destroy these in the following manner:—Take a glass pen (pointed glass made into the shape of a pen), which will hold nitric acid, and apply it to the principal vessel; or, in this way, look for the principal vessel, puncture it, and insert into the puncture a fine point of potassa fusa, a moment's

touch will be sufficient to destroy the vessel; if the potassa extend farther than you intended, apply vinegar, you may thus obliterate the vessel without leaving a scar. There are some congenital *nævi* abounding in the skin formed by a very intricate mesh of vessels; the skin is elevated and of a mulberry colour. If these are of large size, they must be destroyed by ligature or the knife; if of smaller size, you may use caustics not unprofitably. The nitric acid is the best application, this makes a slough, the blood coagulates, and the parts become indurated. This is only applied when *nævi* are of small size. In subcutaneous *nævi*, which are not of the same colour, but purple, caustics may be applied to effect their destruction, whether of a large or small size; the great object is to destroy them with caustic rather than ligature. These *nævi* have been cured by the application of vaccine matter, which acts by producing a slough, but I cannot depend upon it, not having tried the matter myself. You may cure these subcutaneous *nævi* on the same principle; by this method puncture them with a finely-pointed lancet, then having a probe armed with nitrate of silver by dipping it into fused nitrate of silver, introduce it into the puncture, the caustic presently causes sloughing, and the vessels are obliterated. If the tumour be of a large size the application must be repeated. I have used this plan with great advantage, when it was necessary to save the skin. I was called to see a child with *nævus* of the nose; to have cut it out would have disfigured her for life, so I used a narrow instrument for dividing the skin, and inserted the caustic-armed probe into the wound; the operation, after having been performed a few times, succeeded perfectly, and a scarcely observable mark only was left. I have destroyed extensive *nævi* in this way, without leaving a scar. The nitrate of silver is the best caustic for such tumours, and when you apply it, use olive oil to prevent it excoriating the skin. Another class of cases which may be conveniently healed by caustics, are those half-malignant tumours generally seen in elderly people. A man has a soft tumour on his face, if you cut into this you find a brown solid substance, organized but imperfectly. This tumour, at first not malignant, may ulcerate, and the ulceration may destroy the cheek, the bones, and even life. So far the ulcer may be considered malignant, but it is not like cancer, the disease is only local, and when once destroyed it does not return or affect the lymphatics. I have been in the habit of destroying these tumours with caustics in preference to removing them by the knife. Let us suppose a person applies to you with a tumour not ulcerated, you may easily destroy it thus: cut the tumour through, and then apply caustic potass, or you may let the caustic act through the skin, but the tumour is more easily destroyed by puncturing first. You should let the bleeding cease before you apply the caustic, otherwise blood neutralizes its action. When it has stopped apply the caustic in one place and then in another, but do not rub it on the part; one application is generally sufficient. An objection has been raised to the application of caustic for the removal of these tumours, that the places are longer healing. Such is not the case, for caustic wounds heal sooner than those produced by the knife. Suppose a tumour has just begun to ulcerate, then this is favourable to the application of caustic, but when ulceration is extensive it will cause so much bleeding as not to have any effect. When an ulcer is of large size, nitric acid is the best application, or the chloride of zinc and arsenic; arsenic, however, is sometimes bad, inasmuch as it is occasionally absorbed. Miss Plunkett pretended to cure cancer with arsenic-

cal preparations; many of her patients died with inflammation of the bowels, from arsenic having been absorbed. Chloride of zinc is not absorbed, its effects are local; I mix it with flour and water, and spread it upon lint. On ulcerated surfaces it may give such pain to the patients that they require opium; some require opium, others do not. When the pain has ceased the slough comes away. A second application may be required over bone, exfoliation of which is soon produced. You may apply some other caustics to other parts of an ulcer. You may apply arsenic well to small but not to large surfaces. Such tumours as I have mentioned occur on the head, you must apply caustics with caution to the scalp, for you may destroy the pericranium, and inflammation of the dura mater underneath may result. Some time since a surgeon made a slough from an issue down to the bone, on examination it was found that the dura mater had separated from the bone exactly under the part of destroyed pericranium. You may with care apply caustic to tumours, then when a large slough comes away the patient is cured. You may, with caution, apply caustic to internal parts, the mouth, or urethra in females. In tumours in the alveolar processes you may take away the epulis with the knife, but you cannot destroy its origin by this means. In these cases you may use caustic potass, finely pointed, by working it about in the alveolar process; little or no bleeding follows its application; or, you may apply caustic to the epulis itself outside. Caustic potass will, if you are not careful, burn the cheek; whenever it runs about neutralize its effects by vinegar. I do not recommend this treatment in the larger cases of epulis, but in the small. You may likewise destroy, in this way, vascular tumours in the vagina, by applying caustic protected by a shield of silver, and neutralizing its excessive action. I have talked of the application of caustics to half malignant tumours, sometimes it may be beneficially applied to *true* malignant tumours. Where these malignant tumours are of large size, you must use excision, in smaller cases caustics may be used. A lady consulted me concerning a scirrhus tumour of the breast; there were scirrhus glands of the axilla, and I did not recommend an operation. She came to town with one of these glands ulcerated. I applied the chloride of zinc and destroyed it. Other small tumours were destroyed in this way, and her life was prolonged for a year and a half, the pain too was relieved; she eventually died. I have known caustic applied with more permanent advantage. A lady had malignant tumour of the knee, this I removed, but just as the wound was healing another tumour appeared like the original; I destroyed this by caustics, and three other tumours. It appears as if the disease was eradicated, for when I last saw her she had continued well for some months. In applying chloride of zinc, never apply it to the skin, for few persons can bear the intense pain which it produces; first put on a blister, and then use it. When there is a raw surface, it is then that the chloride of zinc is useful. I have seen some cases where the tumour appears to be of albuminous structure without organization, you may eradicate such a tumour by the application of caustic potassa. On Wednesday next I intend to proceed with the subject of mortification.

The election for the office of Assitant-physician to the Middlesex Hospital has terminated in favour of Dr. Mervyn Crawford. The numbers upon a poll have been—for Dr. Crawford 315, for Mr. Leighton 299—majority 16.

TREATMENT OF NEURALGIA BY M. MAGENDIE.

ELECTRO-PUNCTURE.

ELECTRICITY has been frequently employed without success, and even with injury in these cases, but the mode of applying it in general will be found to be defective, for the electric fluid is applied to the skin and not to the nerve. M. Magendie transfixes the nerve, or its immediate vicinity, with a needle, which serves as a conductor of the electric fluid to the affected organ. The needle employed in a lady's face should not be made of oxidable metal like steel, for the oxide would sojourn in the edge of the puncture, and leave a bluish point like the powder incorporated in tattooing. The best needles for this purpose are of platina, which should be very fine, and five or six centimetres (two inches) in length. The needle is to be plunged rapidly and at once down to the nerve, which produces less pain than a slower movement with rotation on its axis. It is not indispensable to prick the nerve itself. Two needles are commonly necessary, one placed near the organ of the nerve, the other near the termination; but this is not an invariable rule. The introduction of the needle produces little pain, but patients experience great repugnance to submit to it. The puncture alone sometimes occasions temporary respite from suffering. The electric apparatus employed is the voltaic pile, whose power will vary according to the number of plates in pairs. The positive conductor is applied to the needle at the trunk of the nerve, and the negative to that affixed in or near the ramification. The first applications are to be made from the weaker piles—five or six plates are sufficient. Patients compare the sensation to a sort of spark, or shock which pervades all the divisions of the nerve, at the same time the muscles contract. The contact of the needles must not be prolonged beyond a few seconds, and as the neuralgia sometimes abates on the first communication between the needles and the pile, we must immediately suspend the operation, for an electric shock in the absence of pain might bring back the pain. Sometimes relief will not be obtained until a continuous current of electricity be passed through the nerves, and it is frequently necessary to repeat the operation several days in succession, in which case the strength of the apparatus should be daily increased. Sometimes it is well to change the place of the conductors, so that the needles may not be always in contact with the same pole, but at every change the strength of the apparatus should be diminished, otherwise the change would occasion a shock of too much violence.—If the neuralgia should quit the nerve which it occupied for another nerve or branch of the same one, the needle must be fixed in the new place, and treated in the same manner. When the pain has been dissipated it will always be prudent not to withdraw the needles too soon, for the pain might return. M. Magendie recommends the patients to renew those movements which usually produce their pain, and if it should recur, one or two galvanic applications generally dissipate it.—M. Magendie prefers Clarke's electro-magnetic machine, as being more convenient, and not requiring the use of an acid. Its employment is extremely simple, and the quantity of electric fluid will depend on the greater or less rapidity of the wheel's rotation.—We subjoin a case illustrating one species of the disease, which, however, had first attacked another branch.

Neuralgia of the ophthalmic branch of the fifth pair of Nerves.—The ophthalmic branch furnishes numerous ramifications to the lachry-

mal gland, the eyelids, the forehead, the temple, and the back of the nose; it gives off a filament which penetrates the nasal fossa by the perforated plate of the ethmoid bone. This filament is presumed to act a prominent part in olfaction. The ophthalmic branch is also connected with the organ of sight by the ciliary nerves, which explains how blindness has been followed by wounds of the fifth pair. The ophthalmic branch of the fifth is very liable to neuralgia, which is attended with intense pain, taking its departure from the supra-orbital foramen, and extending over the eyelids, the caruncula lachrymalis, the forehead, the temple, and in fact wherever the affected ramifications are distributed. The eye is acutely sensible, with aversion to light. The pupil spasmodically contracted; painful pulsations are experienced in the bottom of the orbit, and towards the temple; acrid and burning tears flow in abundance. During the paroxysms the surface of the eye becomes red, with tumefaction of the eyelids to such an extent as to be opened with difficulty. The corresponding nostril is dry, the patients feel a disagreeable itching, and not unfrequently the pain extends into the depths of the frontal sinus. Sometimes a solitary branch alone is affected, as, for example, the frontal, in which case the pain is limited to the eyelash, the forehead, and the temple.

CASE—M., aged 63 years, experienced his first attack of neuralgia in the suborbital nerve radiating over the corresponding side of the upper jaw. The first and second molares, although perfectly sound, were heedlessly extracted, but the pain soon became intolerable. Opiates externally, belladonna, and oily applications were tried in vain, but at the expiration of three months the pains disappeared. Some months afterwards the disease returned, but the pain changed its seat, and after having passed from branch to branch it seemed to fix upon the right ophthalmic. The pain seemed to originate in the right supra-orbital foramen, covering by its radiation the right side of the forehead and corresponding temple. The eye poured out tears in abundance, and was inflamed, the eyelids were firmly closed, and acute pain was experienced from the attempt to open them, which was compared to the jerking of iced water into the eye. The iris, strongly constricted, did not dilate in the dark. No doubt could exist that the disease had fixed upon the ophthalmic branch. M. Magendie planted a needle on a level with the right supra-orbital foramen, and a second in the middle of the temporal region on the same side. As soon as Clarke's electro-magnetic machine had been five minutes in action the pain had entirely ceased; but the patient having spoken a few words, it returned in another part, viz., in the gum where the teeth had been extracted. The needle placed in the temple was now withdrawn and fixed in the alveolus of the first molar; a few galvanic shocks entirely dissipated the pains which have never since returned.—M. Roux has communicated to the Academy of Sciences a case in which successive sections of different branches of the fifth pair had not eradicated the disease, for as fast as it was driven out of one branch it went into another, and ultimately fixed in the ethmoidal branch, where the knife of the surgeon dared not follow it. "In such a case," says M. Magendie, "I pursue the disease, not with the knife, but with the galvanic current. If, as in the example quoted by M. Roux, the neuralgia should fix upon the little ethmoidal branch, I should plant one needle in the nostril, and the other in the orbit, along the upper part of its nasal surface, by which means I should be sure to attack the

ethmoidal filament, because it not only passes into the nostril, but communicates with the external nasal. I should therefore attack it both at its origin and its termination." In M. Roux's case the nerve of the chin was first divided; the pain then went to the tongue, whereupon the lingual branch was cut from the tongue; the disease proceeded to the suborbital nerve, this was also divided; the pain attacked the frontal branch which produced a new operation, and finally the disease having passed into the ethmoidal, it became impossible to follow it.

ON DEAFNESS, FROM OBSTRUCTION OF THE EUSTACHIAN TUBE.

BY JOHN STEVENSON, ESQ., M.R.C.S., &c.

[Fourth Paper.]

THE next pharyngeal disease I have had several opportunities of noticing, is of a much more formidable character, and betrays itself by a similar, but greatly exasperated course of morbid phenomena, particularly by an exceedingly violent and spasmodic cough, frequent and copious mucous and purulent expectoration, accompanied with occasional and lancinating pains in the side of the fauces, pursuing the course of the Eustachian tube as far as the tympanum, and affecting the external parts of the neck, face, and head. Deglutition is usually difficult and uneasy, enunciation interrupted, broken, and indistinct. In this form of disease, the sense of hearing is always greatly diminished, sometimes altogether extinguished. The emaciation—caused by excessive local irritation and discharge, loss of appetite, and rest—is usually so considerable and rapid, that the disorder has occasionally been confounded with, and, if neglected or maltreated, in the predisposed, may eventually terminate in, phthisis pulmonalis, by the propagation of the morbid action along the bronchia to the parenchymatous substance of the lungs.

The ensuing cases will afford instructive examples of the nature, symptoms, and successful modes of treating the disease under consideration.—The first instance referred to, is that of a young lady, who was brought, by slow stages, and not without risk of sinking on the road, from a distant part of the country to the metropolis, for the express purpose of asking my advice. The disease had been ushered in by cold, sore throat, and hoarseness. Total deafness speedily supervened in one ear, while the function of the other was also essentially deteriorated, but not entirely suspended. Acute pains darted occasionally from the throat to the tympanic cavity, the intensity of which brought on, in the course of twenty-four hours, a succession of alarming fainting fits, with temporary oblivion of her sufferings. Her nights were, in a great measure, sleepless, her appetite depraved and greatly impaired, and she became, in consequence, exceedingly weak and emaciated. Experiencing, at the same time, a violent cough, with mucous and purulent expectoration, more or less oppression, and transient pains in the thoracic region with other hectic symptoms, her physicians concurred in the belief that she was labouring under, and would soon fall a victim to, that relentless enemy to youth and beauty—pulmonary consumption. Summoned to attend the patient, my worst forebodings—which had been excited by a graphic description of her case previously transmitted to me—were confirmed by the existing symptoms and exhausted condition of the sufferer. While engaged in silently contemplating the havoc her constitution had sustained, and in mentally devising means to rescue her, if possible, from her impending fate, she was suddenly seized

with one of the paroxysms already adverted to, and overcome by intense pain, she fell back in a state of temporary insensibility.—Observing, on the accession of the fit, that she instinctively, and in an almost convulsive manner, applied her hands to the upper and outer part of her neck, I was led, by that unconscious but significant act in connexion with other circumstances, to suspect that the fauces, in an inflamed probably eroded state—constituted the true seat and principal focus of the morbid phenomena.—On examining the back part of her mouth and throat, I found my conjectures verified, the membranous lining being not only intensely red and sensitive, but deeply ulcerated at the guttural extremities of the Eustachian tubes. This discovery served to explain the nature and symptoms of the disease, and encouraged the hope that relief, if not eventual restoration, might be afforded.—With the view to subdue local irritation, and to cicatrize the denuded surface, a strong solution of argentic nitratum was applied to the affected parts by means of a camel's-hair pencil. The pain excited, though temporarily severe, soon subsided, and was followed by an alleviation of all the more urgent symptoms. For the first time during several preceding weeks, on retiring to bed, she had a long and refreshing sleep without her customary anodyne, and awoke next morning cheerful and invigorated. External stimulants, a gargle of sulphate of zinc in rose-water with honey and creosote as a local application, added to the internal exhibition of quinine in infusion of roses, &c., conjoined with nutritive diet and cordials, subdued the disease, and restored her health and the auditory function to the highest perfection.

I was requested to attend in consultation, on the case of a lady in one of the principal squares, suffering under a combination of symptoms equally urgent with those just narrated, principally in consequence of the complete deafness with which they were associated, and which had bidden defiance to the united efforts of her medical attendants. After receiving a very luminous statement of the history of the case, and inquiring carefully into the existing phenomena, I intimated my belief that they originated from a local derangement or disorganization of the pituitous membrane of the fauces—a suggestion which excited no small surprise on the part of the physicians, who candidly avowed that they had overlooked the alleged cause of the disease, and imputed it to a very different source. To put my opinion to the test of experiment, I introduced my finger to the inside of the throat and to the mouths of the Eustachian tubes, stating to the medical gentlemen that if my notion of the supposed seat of the complaint proved correct, the patient would experience considerable pain from even slight pressure. Upon bringing my finger into contact with the affected surface, the agony created was so severe as to occasion an immediate fainting fit. The real nature of the case admitted no longer of ambiguity, for the development of which I was complimented in terms of the warmest approbation.—By pursuing a mode of treatment analogous to that adopted in the instances detailed above, the disease gradually gave way, and the patient was ultimately restored to the enjoyment of renewed health, with the auditory function as perfect as before the attack of the alarming complaint.

Last autumn a very interesting young patient was brought from Ireland to consult me respecting a great degree of deafness, with symptoms, in their general character, nearly resembling those already described, and which, combined as they were with cough, mucous ex-

pectoration, and hoarseness, slight febrile excitement, oppressed breathing, restless nights, loss of appetite, prostration of strength, and corporeal extenuation, justified the apprehension of her physicians that she was in imminent danger, ere long, of succumbing under pulmonary consumption. She complained likewise of a distressed feeling in her throat, of fatigue from talking, or swallowing food, efforts that invariably produced an increase of the guttural uneasiness, which frequently extended to the interior of the ears along the Eustachian tubes, slight pressure on their mouths causing instant and acute pain. The foregoing assemblage of morbid phenomena, connected as they were with redness and superficial ulcerations of the membranous lining of the pharynx, indicated the fauces to have been the part primarily affected, and that the other symptoms derived their origin from that source—facts substantiated by a variety of cases which had at different times, fallen under my observation. By resorting to the curative means already pointed out, which on several occasions had proved available under similar circumstances, I had the gratification to find them not only competent to appease, but by steady perseverance in their use and application locally and constitutionally, they succeeded in subduing the complicated train of diseased actions, when she returned to her native country in renovated health and spirits, and in full possession of the most perfect hearing.

Formidable as the cases hitherto described may appear, opportunities have occurred to me of witnessing still more aggravated forms of the disease, of which the two following will afford interesting and satisfactory illustrations. The first of the instances alluded to, was the housekeeper of a gentleman residing at Sydenham. She was exceedingly prone to take cold from any trivial causes, or on slight exposure to vicissitudes of atmospheric temperature, and on those occasions she usually experienced more or less hoarseness, sore throat, and depraved hearing. By a succession of attacks the symptoms just enumerated became much worse, and assumed an alarming character, the auditory function being completely suspended, speech and deglutition seriously impeded from inability to open her mouth, the attempt causing extreme pain at the inner angles of the lower jaw, which darted, with the rapidity of an electric shock, into the cavity of the tympanum.—From experience in cases of this description, I entertained not a doubt that the pharynx was inflamed and ulcerated, a presumed condition of the throat amply sufficient to explain the nature and cause of all her symptoms, and which could be combated with a prospect of success only by local remedies. The difficulty of applying them was apparently insurmountable, the jaws being rigidly locked. As, however, the disease, if not relieved, would daily and rapidly increase, and prove speedily destructive to life, I determined, if possible, to convey a strong solution of argentic nitratum to the affected parts. This was accomplished by cautiously insinuating an instrument between the teeth so as to separate them to their greatest practicable extent, while a camel's-hair brush charged with the liquid was passed through the mouth to the seat of the disease. The effect of the remedy, though productive of extreme momentary pain, was, if the expression may be allowed, really magical. No sooner had the irritation subsided, than the patient was capable of opening her mouth more widely and swallowing liquid food with comparative facility. Two more applications of the solution, aided by a gargle of sulphate of zinc, with tonic and aperient medicines, availed not only in removing every vestige of disease

from the throat and guttural portion of the Eustachian tube—when she could again open her mouth—but in restoring at the same time her hearing to its former perfection, and her health, by the addition of nutritious regimen, pure air, and exercise, became likewise fully re-established.—The last case I shall describe constitutes probably one of the most severe instances of the disease heretofore on record. The subject was that of a gentleman of rank and fortune, who at the time I was requested to visit him laboured under symptoms which warranted fearful apprehensions of his speedy and inevitable dissolution. His cough was frequent and spasmodic, expectoration mucous and purulent, intermixed sometimes also with sloughs and blood, the attempt to dislodge which from his throat involved him in imminent danger of immediate suffocation. The oppression in the respiratory organs was most appalling, and rendered him incapable of reclining, even for the shortest interval, on a bed or sofa. His speech was scarcely intelligible, and articulation, imperfect as it was, could not be accomplished without reiterated efforts, and great distortion of features. The power of swallowing solid food was entirely lost, even liquids instantly returned through the nose, instead of descending into the stomach. By gesture, and pointing to each side of his throat, he signified that part to be the seat of much suffering, which he afterwards explained by saying that lancinating pains shot from the throat to his ears, the function of which was totally suspended. His tongue was brown and furred, and as might be expected, his corporeal powers were reduced to the lowest degree of depression. After a full investigation of the symptoms above enumerated, than which none could be more discouraging, and ascertaining the presence of great local irritation and disorganization of the mucous membrane of the fauces, I suggested that the more dangerous phenomena were referable to an extension of ulceration to the upper part of the trachea, implicating more particularly the sacculi laryngis. Unfortunately, however, it was altogether impracticable to convey any topical remedy, either in a solid, or even liquid form, to that portion of the respiratory tube, nor was the patient able to use a gargle. In this dilemma, and as a forlorn hope, it occurred to me that a *mercurial fumigation* was the only efficient agent capable of being brought into contact with the principal and most alarming focus of the disease, on the prompt relief of which the very existence of the patient depended. Accordingly, after explaining, in writing, the object and mode of exhibiting the proposed remedy, it was had recourse to the same evening, and with the most signal success. Although the application of that powerful mineral, in a gaseous form, proved exceedingly distressing to, and almost overpowered him for a few minutes, it produced a copious rejection of purulent and sloughy matter from the throat, with a remarkable abatement of the worst and most urgent symptoms. As soon as the fatigue and exhaustion consequent on the effort had subsided, he was agreeably surprised and delighted to find himself enabled to breathe, speak, and swallow with renewed freedom, and to recline on a sofa, and subsequently on his bed, where he soon fell into a quiet sleep of several hours' duration, and awoke wonderfully refreshed. A repetition of the fumigating process, with the aid of an antiseptic gargle, restorative medicines, nutritious and stimulating diet, concurred in bringing the mucous membrane of the fauces and larynx to a sound state, and the sufferer to renewed health, with the perfect resumption of the auditory function. The result of the above case holds out encouragement

not to abandon hope, and the adoption of rational means of relief, even under the most aggravated and apparently desperate circumstances.

REVIEWS.

A Treatise on Cupping, &c. By T. MAPLESON, Cupper to Her Majesty. Pp. 102. Wilson.

CUPPING, like many other minor operations, is generally regarded as too simple to require any study or attention for its efficient performance. There could not be a greater mistake; and the reputation of a young surgeon with the public, depends more upon the clever performance of the minor details of surgery, than his acquaintance with the steps in the operation of lithotomy, or the number and order of the coverings of a hernia. Mr. Mapleson is well able to instruct in the branch he follows, and from his amusing little tome we extract the following on the

BEST MODE OF CUPPING.

When about to perform the operation of cupping, let there be provided a hand-basin with warm water, a piece of fine sponge, and a lighted candle. Place as many glasses in the basin as may be judged requisite to obtain the quantity of blood intended to be taken away. If sixteen or twenty ounces are ordered, four glasses, of a size adapted to the surface, will in most cases be required. Each glass is then separately to be held, for an *instant*, over the flame of the spirit lamp, and immediately placed upon the skin of the patient. Upon the quickness with which this is effected, depends the whole neatness and efficacy of the operation.—To obviate their want of dexterity, many operators in the country throw a little bit of tow or paper, dipped in spirits and inflamed, into the cupping-glass, the moment before it is employed,—a very clumsy expedient, often adding unnecessarily to the sufferings of the patient by cauterizing the skin; doing harm also by rarefying the air more than necessary within the glass; in consequence of which the edges of the cup compress the cutaneous vessels so much as to obstruct the influx of the blood.—If the glasses have been duly exhausted, the skin will be seen gradually to swell up within the cup, owing to the pressure of the air upon the parts in the vicinity, as well as the expansion of the fluids contained in the cellular membrane. The skin becomes also of a dark purple colour, owing to the influx of blood into the smaller vessels. If dry cupping be only intended, the glasses may be allowed to remain on the skin for a few moments, and replaced five or six times, varying their position a little, to prevent bruising the skin.—If the intention be to scarify and take away blood, the glass ought not to remain more than a minute, when it is to be removed by gently introducing the nail of the fore-finger under the edge, and the scarificator *instantly* applied, and the lancets discharged upon the skin, before the tumour has had time to subside. Upon the rapidity or slowness with which the application of the scarificator succeeds the removal of the glass, depends all the sufferings of the patient. If the skin has completely subsided before the stroke of the lancets, much unnecessary pain is inflicted.—The glasses are thus to be removed and re-applied successively. They should be a second time removed, if necessary, as soon as the blood is perceived to coagulate within them, or when they are so full as to be in danger of dropping off. For the sake of neatness, care should be taken to insert the nail under the upper part of the glass, and open them downwards, gently wiping the wounds at the same time with a warm moist sponge.—The glasses, previous to every application, should be rinsed in the warm water, but not dried. To obviate the unpleasant sensation produced by the coldness of the metal, it is advisable to pass the instrument for a moment over the flame of the lamp before using.—To ascertain the precise quantity of blood—a circumstance generally interesting to all parties concerned—the contents of the cups should be emptied into a graduated glass measure, with

which the operator should always be provided.—When the operation is finished, it is common to apply a piece of fine linen rag to the wounds; but if the patient does not object to a little smarting, either Arquebusade water, or spirits of wine, is a preferable application, as it immediately stops the oozing of the blood, promotes the healing of the wounds, and prevents the subsequent itching, which I have heard some patients complain of, as the most unpleasant part of the operation.—It is a common error to make the incisions too deep, especially if the object be to take away much blood; being convinced nothing is gained by going deeper than the cutis, or true skin, while an unnecessary increase of pain is caused to the patient.—The quantity of blood obtained (in most cases) depends wholly upon the due exhaustion and proper application of the glasses, to attain expertness in which requires some practice and experience. In cupping upon the back or neck, the glasses should never be placed upon the spine itself, which produces unnecessary pain, but on each side of it. If it can possibly be avoided, the glasses should not be applied to parts where the skin is in immediate contact with the subjacent bones or ligaments; though if care be taken to apply the scarificator before the tumour caused by the glass has subsided there is no danger.

Practical Observations on the Preservation of Health, and the Prevention of Diseases, &c. By SIR A. CARLISLE, F.R.S., &c. Churchill.

IN a recent number we gave a biographical notice of Sir Anthony Carlisle, and upon that occasion promised to refer to the published evidences of his literary and professional capacity. This promise we may now redeem, and as we run over the catalogue of Sir Anthony's contributions to the scientific literature of his day, we are strongly reminded of his superiority to the shallow creature who strove to supersede him in his long-sustained position as surgeon to a metropolitan hospital. Death has now removed the obstacle which ignorant presumption would have rudely trodden down, and we are convinced that the practice of Mr. Hale Thompson will afford another case in favour of the appointment of medical officers by *concours*.—But we turn to the productions of Sir Anthony Carlisle.—He published papers in the Transactions of the Royal Linnean and Horticultural Societies. To the 'Philosophical Transactions' he contributed some communications of importance. The first is entitled 'An Account of a Peculiar Arrangement in the Arteries distributed on the Muscles of slow-moving Animals.' In 1804, he wrote the 'Croonian Lecture on Muscular Motion.' In 1805, 'On the Physiology of the Stapes.' In 1814, 'An Account of a Family having Hands and Feet, with Supernumerary Fingers and Toes;' and 'An Account of a Walnut Tree which bore Fruit at an early Period from Seed.' In the 'Linnean Transactions,' vol. 2, 'Observations on the Structure and Economy of those Intestinal Worms called *Teniae*,' in which an ingenious attempt is made to explain the mechanism and physiology of these curious animals. In the 'Horticultural Transactions' for 1814, he printed some 'Preliminary Observations to the Second Volume of the Transactions;' and 'On the Connexion between the Leaves and Fruit of Vegetables.' In the earliest productions of Sir Anthony Carlisle's pen appears to be the relation of a 'Case of Unusual Formation in a Part of the Brain,' described in the 'Transaction of Society for the Improvement of Medical and Chirurgical Knowledge,' vol. 1. To the 'Medical and Physical Journal' he contributed several papers. In the 'London Medical Repository' are six papers, four of which are on the 'Properties and Uses of Cathartics.' In the 'London Medical Gazette' for March 8th, 1828, there is a paper on 'Erysipelas.' In

'Nicholson's Journal,' vol. 4, he published a paper on 'Galvanic Electricity, and its Chemical Agencies.' The 'Philosophical Magazine' contains papers 'On the Breeding of Eels,' and 'A Tabular View of the State of Health of the Workmen employed by the Commissioners of Sewers in Westminster.' In the newspapers of the day, Sir Anthony has made several communications, principally addressed to the *Times*, and embracing the subjects of the Salt Duties, the Importance of Salt to the Health of Human Beings, Military Flogging, Hygienic Quackery, a Letter to Lord Robert Seymour on the Establishment of a County Pauper Lunatic Asylum, a Letter to His Majesty's Judges, Coroners, and Justices of the Peace, on the employment of Men as Accoucheurs, for which much obloquy, we will not, now he is gone, stay to inquire how justly, was cast on him by his professional brethren. In the 16th and 22nd vols. of the 'Archæologia' he published two papers. Sir Anthony Carlisle made several communications to the publications of various authors: he also made many valuable contributions to the library of the Royal College of Surgeons, and to the illustrated catalogue of the Hunterian Museum, particularly on the subject of the comparative anatomy of the organ of Hearing. The plates illustrating them were engraved at the author's expense, and are admirably adapted to their object. They were originally intended to accompany an 'Essay on Sound, and on the Organs of Hearing generally,' which formed part of a course of lectures delivered by Sir Anthony Carlisle, when Professor of Anatomy and Surgery at the Royal College of Surgeons in 1818. An abstract of this essay is affixed to the catalogue, and the author's views on the subject of sound in reference to the stethoscope may be seen in Dr. Wolff's 'Treatise on the Use of Auscultation.' Sir Anthony also deposited in the Hunterian Museum a series of preparations illustrative of the union between vital and extra-vital parts, as exhibited in the testaceous tribe of animals, which will amply repay the student and naturalist for any trouble in their investigation. By extra-vital, Sir Anthony means those parts of organic bodies which have no power of self-repair, which hold no continuity with the circulating fluid destined to replenish the waste, to augment the bulk, or repair the accidents of the living fabric. It now only remains to mention the works separately published by Sir A. Carlisle; these consist of an 'Essay on the Disorders of Old Age,' and on the Means of Prolonging Human Life.' 4to. London, 1818. — 'The Hunterian Orations,' delivered February, 1820, and 1826. — 'A Letter to Sir Gilbert Blane on Blisters, Rubifacients, and Escharotics, giving an Account of an Instrument adapted to Transmit a defined Degree of Heat to affect these several Purposes.' 18mo. London, 1826. — 'Alleged Discovery of the Use of the Spleen, and of the Thyroid Gland; being a Demonstration of the Connexions and the Physical Effects produced by these Organs upon more important contiguous Parts.' 8vo. London, 1829. — 'A Lecture on Cholera and other Pestilential Diseases, delivered at the London Mechanics' Institution.' 8vo. London, 1832. — 'Practical Observations on the Preservation of Health, and the Prevention of Diseases.' 8vo. London, 1838. This is the work placed at the head of our notice. It is one well worthy the perusal of the professional man, although it exhibits little brilliancy, less originality, and is not free from prejudice. — 'Physiological Observations upon Glandular Structures, and their different Secreting Offices.' 8vo. London, 1838. — 'A Series of Facts and Observations respecting the Natural Causes of Arbo-

rescent or Dendritic Figures in the two Divisions of Animal and Vegetable Structures, and in Mineral Formations.' (From the Edinb. New Philos. Journal, No. 52.) — From the preceding statements, it will be evident that Sir Anthony Carlisle had for many years been usefully engaged in professional researches. His ingenuity in early days enabled him to accomplish what John Hunter considered to be a desideratum in anatomical research. He succeeded in making the first perfect cast of the labyrinth of the ear, and had the gratification of presenting the model to that celebrated man, who was highly delighted with the acquisition.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 5th December, 1840:—

Epidemic, endemic, and contagious diseases	222
Diseases of the brain, nerves, and senses	162
Diseases of the lungs, and other organs of respiration	382
Diseases of the heart and blood-vessels	17
Diseases of the stomach, liver, and other organs of digestion	50
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	0
Diseases of uncertain seat	120
Old age, or natural decay	84
Violent deaths	22
Causes not specified	3
Deaths from all causes	1087

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Mr. Solly is already favourably known to the profession, by his work on the "Human Brain;" and he has now laid us under fresh obligations, in becoming the translator of Müller's excellent monograph on the Glands. The work before us, however, is something more and better than a mere translation; it is an analysis and a commentary; with a succinct account of the discoveries made since the publication of the original. Müller's "*De Glandularum Secernentium Structura Penitiori*" was published in 1830; and proclaimed its author a first-rate anatomist, ere his "Elements of Physiology" had procured him the distinguished reputation he now enjoys. Our countryman has had the rather irksome task of Anglicising modern Latin; or, as he expresses it in his preface, "of translating an ancient language written with a modern pen."—(p. 8.) The modern pen, it must be confessed, is too often but an awkward imitator of the ancient *stylus*; but Müller, we believe, "discourseth" pretty good Latinity; and Mr. Solly has rendered it into respectable English.

Müller commences with a critical history of our knowledge respecting the structure of the glandular system; but as he goes no higher than the time of Malpighi, the Editor has briefly traced the antecedent progress of this branch of anatomy from Hippocrates to Wharton. He speaks of Bellini as having made some slight advance beyond his contemporaries; in that he demonstrated the tubular structure of the kidney. Due praise is awarded to Malpighi; who did more towards elucidating the true structure of the glands, than any of his contemporaries; or even than his successors, for nearly a century following. This celebrated man affirmed that "the pericardium itself is a glandular body, which is constantly preparing a peculiar fluid;"—"a principle of physiology," observes Mr. Solly, "only now in process of demonstration."—(p. 5.) An epitome is then given of the discoveries of Ruysch, Mascagni, and others; who contributed, by their isolated labours, to lay the foundation whereon Müller has so admirably raised the superstructure. His, assuredly, has been a gigantic task; and he rejoices with honest pride in the reflection, that this most important and difficult branch of anatomy has been cultivated and advanced chiefly by Germans. It may perhaps be questioned whether, in the midst of this gratulation, he has given the prominence that is due to the labours of some of our own countrymen,—especially to the illustrious John Hunter; who was one of the first to demonstrate the true tubular structure of the glands, as shown in the preparations contained in his Museum. These preparations Müller barely alludes to.

The author, after observing that he intends to describe all the glands which throughout the animal kingdom exercise the same function, adds, "that he passes by the lungs, although they are of the nature of secreting glands, because they are well known; his object being to give new observations on things little known, or which have been entirely neglected."—(p. 20.) The second book treats of the intestinal glands. In describing those of the stomach, and the Peyerian glands, Mr. Solly has followed Boehm, in preference to Müller; and has given the whole of Boehm's observations, with several illustrative figures, from his work. The third book treats of excreting glands; the fourth of those which are appended to the organs of generation; the fifth to the mammæ; the sixth to the glands subsidiary to the organs of sense; and the seventh to the salivary glands; while the four following books are occupied respectively with the pancreas, liver, kidneys, and testicles. In the chapter devoted to the liver of mammalia, the editor has not omitted an analysis of Mr. Kiernan's important researches, illustrated by means of the wood-cuts which originally appeared in the MEDICAL GAZETTE. He has also given a full exposition of Mr. Corfe's views as to the structure and functions of the kidneys; and when we add that the writings of Owen, Bell, Morgan, Sprott, Boyd, Boehm, Davy, Bischoff, and Purkinje, have been laid under contribution, it will be evident, that no pains have been spared to render the work as perfect as the present state of knowledge will allow.

We have no space for extracts, but must refer inquirers to the work itself; which, illustrated by numerous well-executed engravings in lithography, will afford them the latest and best information on this very interesting and important subject.—*London Medical Gazette.*

In pursuance of his laudable endeavour to excite attention, in this country, to the great truth, that physiology can only be pursued with the certainty of success when it is based on comparative anatomy, Mr. Solly has brought the substance of Müller's splendid monograph on the glandular system within the means of the English student; and he has incorporated with it several contemporaneous and subsequent discoveries made by other enquirers.

From this summary of the contents of Mr. Solly's volume, it will (we think) appear, that it is one well worthy of the student's acquaintance. The analysis of Müller's work is, on the whole, well executed; and the other selections are made with judgment. The student will in vain look elsewhere, for the same amount of information in so narrow a compass and at so cheap a rate. We must not omit to notice the four lithographs; which contain upwards of seventy subjects, copied chiefly from Müller's folio plates, and well drawn by Mr. Solly.—*British and Foreign Medical Review.*

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[S. SMITH, WELLINGTON STREET NORTH, STRAND.]

PROFESSIONAL SKETCHES.

THE APOTHECARY.—PART II.

OUR hero has thriven in the world. There is now nothing else about his domicile to tell the world he is an apothecary, but three large bottles,—red, blue, and green,—which peep coyly and modestly above the wire gauze window-blind. His wide and lucrative field for exertion is situated in the genial regions of the west; where, in addition to the gluttony which produces nine-tenths of human ailments, a thousand injurious habits increase and diversify disease; where imaginary complaints are added to those which are real; and where scientific humbug is fostered by fashionable ignorance. He keeps his carriage, and a handsome one, too—at least, as handsome as a medical man's carriage can be; and he has attained to the highest honour of his craft, having lately been made one of that enlightened and scientific body—the Court of Examiners at Apothecaries' Hall. The Apothecary dined early, as he had that evening to exercise his inquisitorial functions at the Hall; previously to doing which, he always found it necessary to refresh his memory. And here we are strongly allured to a "Digression concerning Examiners," showing in what time a man may learn to ask a hundred questions on any given science, without the labour of previously acquiring the science itself. But we resist temptation. Mr. Label had another reason also for taking his meal betimes; he wished to sip his three glasses of wine after it at leisure, and to sit quietly for an hour or two, which, as he possessed sufficient physiological information to know, would greatly tend to promote digestion. This agreeable and healthful state of quiescence he was not, however, destined to enjoy. He had scarcely finished his cheese, when the invitation to knock and ring, held out upon the door, was complied with in a manner which would have frightened any one, not professionally accustomed to such disturbances, nearly out of his senses. Even Mr. Label was startled; and before he could regain his composure, the servant announced that Mrs. Plummer's carriage was come for him; and that he was expected to go immediately, that lady having been taken suddenly and dangerously ill. Mrs. Plummer was the wife of a rich sugar-baker, and Mr. Label had nothing to do for it but to go. Accordingly, he hurriedly adjusted his white neckcloth, pulled down his black velvet waistcoat, which had risen upon his chest in certain transverse folds during his repast, buttoned his brown great coat up to his chin, donned his broad-trimmed beaver, converted his look of ill-humour into an aspect of becoming solemnity, and deposited his person in Mrs. Plummer's carriage. He found the interesting patient (who was of a very jealous disposition) in a state of

high nervous excitement, occasioned by an injudicious smile which her husband had bestowed on the pretty housemaid. She was, in fact, in hysterics; and, in the height of indulgence in all those elegant and affecting postures, gestures, and workings of the visage, which, as the malady whereof they are the symptoms seldom attacks ladies when they are by themselves, are probably intended by nature to excite pity and commiseration in the minds of the bystanders. The room having been cleared of all unnecessary persons, and order having been obtained, the lady modulated from a tempest of incoherent vociferations, into a low and pathetic whine; and finally recovered her senses by the means of a smelling bottle, which she seized with great avidity, in spite of appearing, in other respects, quite unconscious of the presence of surrounding objects.—"Compose yourself, my dear Mrs. P.," said Mr. Label. "Oh, Mr. Label! Oh, dear! I shall be off again; I'm sure I shall."—"Don't give way to it, my dear madam. Come, come," (patting her on the back,) "you'll do very well. There, there; allow me to recommend this little draught; it will do you good, believe me." So saying, Mr. Label produced from his coat pocket a small bottle of medicine of catholic efficacy, which it was his habit to administer on all sudden emergencies. Mrs. Plummer gulped down the potion with as much eagerness as if she had been in danger of perishing from thirst. It was chiefly composed of an aromatic tincture, and very closely resembled a domestic remedy which she frequently had recourse to in private.—"Oh, Mr. Label, I'm such a poor nervous creature!" "So you are, ma'am; so you are. How is the pulse? Hum—haw?—a hundred;—and the tongue? Ah! I see, a *leetle* feverish. We will take a little febrifuge mixture, and *we* shall soon get round again, I dare say." "Oh! pray don't send me any nasty physic, sir—pray don't; it makes me ill to think of it. I had rather be bled." Mr. Label ventured to remonstrate.—"I must be bled—I must be bled," reiterated the lady. "Plummer will be the death of me; I know he will. Oh, dear! oh, dear! I wish he could know how ill he has made me. Oh, dear! oh, dear! oh, dear!" Here she began to exhibit symptoms of a relapse, which Mr. Label observing, and likewise discovering how (to use a vulgar phrase) the cat jumped, found it useless to contend any longer. He, therefore, did as he was desired; the patient taking due care to faint before an ounce of the vital fluid had been withdrawn from the circulating system.—When the consequences of the operation had subsided, Mr. Label made one more effort in behalf of his darling draughts; but he was still unsuccessful, and was obliged to content himself with leaving behind him a couple of pills, from a little ivory box, which, as well as the bottle, he made a point of always

carrying about with him. Thus disappointed, he next repaired to the Hall. [The list of rejected candidates was of more than usual length on that evening.]—We are sorry that the nature of this work, and our own regard for truth, have prevented us from drawing upon imagination for the above description of the Apothecary. The "Physician in Ordinary to the Masses" may hereafter become a different kind of personage. When the public shall at length have perceived that the cure of a disorder does not always necessitate the swallowing of physic, they will perhaps adopt some other method of remunerating men, than by forcing them to sell drugs at twenty times their real value. The rising generation of practitioners is ripe for the change; let us hope, that we may, at no distant period, behold its accomplishment; and that the present system of quackery and deceit will then rank with the by-gone evils of antiquated error, and exploded absurdity.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

AMAUROSIS.—HEMERALOPIA; TREATMENT.—
NYCTALOPIA.—PRESBYOPIA.—MYOPIA.—
AMAUROSIS RESUMED.

VISION may be injured or lost in various ways; in consequence of change of structure in the transparent media, through which the rays of light pass—that is, in consequence of opacity taking place in the cornea, in the crystalline lens and its capsule, or in the vitreous humour;—in consequence of obscurity or closure of the pupillary aperture through which the light has its passage,—or in consequence of disease of the nervous structure of the eye. To the injury or loss of sight which arises in the last case, the name of

AMAUROSIS has been technically given. This, which is a Greek word, signifies, simply, darkening; of course it implies that diminution of vision which is consequent on affections of this important structure. The term *gutta serena* is, perhaps, nearly synonymous with amaurosis; however, there is this distinction between them, that amaurosis is a general term applied to all affections, whatever may be their degree, of the nervous structure of the eye; while *gutta serena* is rather applied to the complete state of blindness which arises from the affection of the nerve when it is fully established. The nervous structure of the eye may be affected in any part of its course; that is, you may have disease affecting the nerve, where it is connected with the basis of the brain, in its passage within the cavity of the cranium, within the cavity of the orbit, or, finally, in its expansion on the interior of the globe of the eye. Affections arising from disease of the nervous structure in any of those parts, come under the common denomination of amaurosis. It is not uncommon to have vision impaired or lost from causes which act on the nervous structure belonging to the eye, within the cavity of the cranium; such as the collection of fluid in the ventricles of the brain in hydrocephalus internus, particularly in the third ventricle; disease or tumours in the brain in that situation, where the nerve of vision is connected with the basis of the brain, tumours that press on it in its course within the cavity of the cranium, and disease of the bones affecting the nerve in this situation. Tumours, or disease of bones affecting the nerve in the cavity

of the orbit, or disease of the nerve itself within the cavity of the orbit, all these produce impaired vision, and, ultimately, loss of sight. In these cases the loss of sight is generally accompanied with severe pain in the head, and other sufferings which are not relieved by any treatment that we adopt, and by a regularly proceeding uniform course of symptoms which usually point out the existence of such organic disease, as I have just alluded to, as the cause of the affection; but the affection to which I now wish to direct your attention particularly, is that which arises from affection of the nervous expansion, or the retina within the globe of the eye.—The retina may be affected in common with other structures of the globe of the eye, for it is involved with them in some of the diseases I have already mentioned to you; but we give the name of amaurosis to those cases particularly, in which the retina suffers originally and exclusively. The instances in which the retina suffers in common with other textures of the eye are named according to the more prominent characters of the complaint; but it is when the retina is the original or exclusive seat of disease, that we apply the term amaurosis.—The retina suffers from an inflammatory affection, in consequence of over-exertion of the eye in many persons, whose employment in various mechanical operations is attended with an habitual straining, and in whom the effort of the eye is continued for a great many hours of the day; this is the case with tailors, milliners, mantuamakers, seamstresses, watchmakers, mathematical instrument makers, printers, engravers, writers—those that are employed by lawyers and others; in fact, by a great many persons occupied in departments similar or analogous to those which I have just mentioned to you. In all these instances the retina is excessively fatigued, the degree of exertion is continued for a greater length of time than the organ is capable of bearing, and it is employed on objects that require close attention, and continued straining of the eye. The effect of this excessive exertion is, of course, in the instance of persons of very robust frames and full habits, and those who indulge in eating and drinking, to induce determination of blood to the head; and the effect will be greater, when, in conjunction with these circumstances, persons lead a very sedentary life, and neglect active exertion. You will find, then, that in these various ways a great number of the community are exposed to those causes which are calculated to bring on disease of the nervous structure of the eye; hence you will not be surprised to find that amaurosis is a very frequent affection. In some cases, however, the retina is attacked sympathetically. It does not follow, in all instances, that there is actual inflammatory disease of the retina; the retina, like any other part, may be attacked by causes which act on it, so as to disturb its function, without producing visible derangement of its structure. A distinction has been made of amaurosis, into organic and functional; that is, into those cases of amaurosis which depend on an actual change in the structure of the nervous part of the eye, and those in which only the function of the retina is disturbed; this, of course, would be a very important distinction, if we were able to point out the difference in practice; but the truth is, that we cannot see the retina, and are unable, therefore, to determine in particular cases, whether the organ is the seat of an inflammatory affection, or suffers merely in its function. We know that, in certain cases, the function of vision may be temporarily impaired, or even almost totally interrupted, and then suddenly recover; we see such instances sometimes in children from the irritation of teething, and from worms in the alimentary canal; and we therefore judge there can be no real disease of the retina, but infer that the disease is only functional.—The SYMPTOMS of amaurosis, at least those which are characteristic of the affection, are to be found in the state of vision, and in the condition of the pupil. There are other symptoms which are connected with the complaint, but they vary in different instances,—they are not to be relied upon as characterizing the complaint; for instance, in some cases, the origin and progress of amaurosis may be preceded and accompanied with pain in the head, and various uneasy sensations in

the neighbourhood of the eye; these pains are sometimes very considerable, but, in other instances, are not present at all. In some cases, there are obvious marks of derangement in the functions of the alimentary canal; in other cases they are wanting. But you look to the condition of vision, that is, to the state of vision as it is affected by the retina, and also the condition of the pupil which depends on the state of the retina, in order to discover those symptoms which more particularly indicate the nature and degree of the disease. In amaurosis, then, you may have the function of sight interrupted in various ways, and in various degrees, or it may be entirely destroyed. The patient loses the power of clearly discerning the form or the colour, the outline or the minute points of the various objects around him. In many cases, the patient at first seems to perceive objects through a kind of mist or cloud, which conceals them, and which gradually becoming thicker and thicker, ultimately destroys sight entirely. Sometimes objects appear to be seen with tolerable clearness, and yet they are not properly distinguished from each other. Thus, a person in attempting to read finds that the letters run into each other, or that the lines of the print appear to be multiplied; sometimes, the forms of the letters appear to be different, the forms of the objects he sees around him are distorted and changed, and, sometimes, the colours of objects are essentially altered. There are instances in which a patient can see only the half of an object before him; he is able to see only the upper or the lower half, or the left or the right side of an object; very frequently also, and more particularly in the commencement of the affection, patients lose the power of distinguishing things which are immediately before them, but are able to discern those situated on one side; that is, the central portion of the retina, the part habitually exercised, loses its power first, while the circumference of the retina, which ordinarily is not so much exerted, retains the power of vision longer. Frequently the affection commences by the appearance of various aerial spots, clouds, specks, imaginary objects which appear to float in the air; these generally pass under the name of *muscæ volitantes*, although they are not in all instances in motion or floating, being sometimes fixed. It occasionally happens, that a black spot or point is fixed before the eye; this becomes larger and larger, till at last it occupies the whole field of vision. Patients observe objects sometimes double, they have double sight; but this rarely takes place, except in instances in which a degree of squinting occurs, and where, perhaps, one eye is affected more than the other, and does not move in harmony with it, and where, in consequence of the want of correspondence in their axis, two objects are seen instead of one; in such instances, if the patient close one eye, the object is seen single, and it is only when both eyes are open, that double vision is observed to take place.—In whatever way the affection shows itself, we find that it is at first but slight in degree, that it gradually increases, and, if the cause which produces it continue to act, no means being taken to prevent the development of the affection, that it goes on until the patient is deprived of sight. When I state that sight is lost, I do not mean that the retina is in general rendered absolutely insensible. There are a few instances in which the patient is unable to distinguish between light and darkness, and some, in which he still retains the power of distinguishing large objects.—When the complaint is fully developed, that is, when vision is nearly or entirely lost, there is a peculiar vacant stare, which particularly denotes the existence of amaurotic blindness. When a person thus affected comes into a room, he does not fix his eyes in the same manner as a person who has the proper use of the retina, but he seems to fix them on the centre of the room, and exhibits a peculiar vacant unmeaning stare, which points out the existence of the affection. In the state of incomplete loss of sight, a person who enters a room looks about, although he cannot see, as if he were attempting to observe objects, and was conscious that the power of vision still existed; but, in the case of complete amaurotic blindness, that state which is termed gutta serena, the eye is wide open, and directed quite

into the air, or into the centre of the room.—The motions of the iris, and consequent changes of the pupil, are considered to depend upon the condition of the retina. We find ordinarily that when the eye is exposed to a powerful light, the pupil contracts in order to exclude some portion of it, and, on the contrary, when the light is weak, that it dilates in order to admit large quantities. Speaking, therefore, of the changes of the pupil and iris, we can have little hesitation in stating, that they depend upon the influence which light has on the retina. The process of disease in the retina, of course tends to lessen the action of light upon that structure, and it cannot but produce a sensible change in the motions of the iris, and the size of the pupil. When the retina becomes less sensible, the iris moves less briskly, the pupil exhibits fewer of those natural changes which the ordinary variations of light would produce, and in proportion as the insensibility of the retina increases, the motions of the iris become more and more sluggish, until at last, when the retina is rendered completely insensible, the iris becomes motionless, and the pupil remains in a permanently dilated state.—As one of the most striking symptoms of amaurosis or gutta serena then I have mentioned a permanently dilated state of the pupil; and we might consider this state as applying to complete amaurosis, that is, complete insensibility of the retina; but inasmuch as the term amaurosis includes all degrees, from the slightest form to the entire loss of sight, you will understand that this permanent dilatation of the pupil is not found under all circumstances; in the first place, you have only a slight sluggishness of the iris without any very material dilatation of the pupil. In some instances, too, we find an amaurotic state of the retina, where the pupil instead of being dilated is contracted; and there are some instances in which in conjunction with amaurosis, which appears to be so complete as to render the patient unable to distinguish between light and darkness, a nearly perfect state of the motions of the iris still exists; this is more particularly the case in diseases affecting the nervous structure of the eye within the skull; for instance, in cases connected with hydrocephalus, where the retina may be perfectly insensible, and yet the iris will move in a nearly natural manner.—Amaurosis generally commences in one eye, and after proceeding to a certain extent, shows itself in the opposite eye, unless means are taken to check its progress. It does not necessarily follow, that amaurosis will attack both eyes, but in the great majority of instances it takes place first in one eye and then in the other; it will take place in the second eye, if the original cause continues, and no means are taken to obviate such an effect. Amaurosis attacks subjects of all ages, and under all circumstances. We see it taking place in children, and occurring at all periods of life down to old age. There can be no question that the cause of this affection, in the great majority of instances, is a state of the retina which must be deemed inflammatory, and, consequently, that the plan of TREATMENT must be of the antiphlogistic kind. The cure in fact of amaurosis, like that of inflammation of the iris, turns upon two points—the employment of ordinary antiphlogistic means, that is the abstraction of blood either generally or locally, with the other part of the antiphlogistic treatment, and afterwards the use of mercury so as to affect the system; indeed mercury appears as effectually to check the progress of inflammation of the retina as it does that of inflammation in the iris, and it acts as beneficially in checking the progress of the chronic inflammation of the retina, which is the ordinary cause of amaurosis, as in checking the progress of the more active affection which would constitute retinitis—active inflammation of the retina. In order to derive the full advantage which this remedy is capable of rendering, it is necessary in these cases to produce its peculiar action on the system, and sometimes to keep it up for several weeks. It is not sufficient just to render the action of the mercury sensible on the mouth, and then to discontinue it; you must often produce and keep up pretty active salivation for weeks in order to enable you to derive all the benefit which the remedy is capable of affording. You will readily understand that the circumstances

under which amaurotic affection takes place are so various, and that the powers of the system in individuals are so different, that you cannot always adopt the same treatment; you are not to suppose that in all cases you are to bleed the patient from the arm, cup him, and then administer mercury so as to produce salivation. In the case of amaurosis, as well as in other affections, you are to adapt the remedy to the circumstances of the case; if you have to treat an amaurotic affection in a robust person of full habit, or a very young person, or one not beyond the middle period of life, you may find it necessary to have recourse to acute abstraction of blood in the first instance, and then to use mercury very effectively; but under other circumstances, you would both bleed and employ the mercury more moderately. Suppose the case to be one of an elderly female, who has injured the eyes by excessive attention to needlework, a thin spare and sallow person, who by a sedentary state of life has brought on an inactive condition of the alimentary canal, who, by keeping constantly within doors at her occupation has considerably weakened the nervous system; you would not immediately proceed to rough modes of treatment. You might find it necessary to apply a few leeches to the temples, or perhaps you might not to take blood at all; but you would put a stop to the exciting cause, would enjoin repose, administer the Plummer's pill with aperients and tonics, and order a change of air.—In the treatment of these cases counter-irritation is sometimes a useful auxiliary. You may find it necessary, in conjunction with other treatment, to apply a blister behind the neck, perhaps every five, six, or seven days during the time you are employing the other treatment. Other plans have been recommended in amaurotic affections. Scarpa, and some of the German writers, have particularly recommended the employment of emetics, having considered that a foul and loaded state of the stomach, as they call it, exists, and conceiving that benefit will arise from the action of emetics in clearing away the obstruction which they suppose to exist, and in removing the matters which irritate the stomach. They administer the tartrate of antimony as an emetic, repeating it from time to time, and afterwards giving remedies very similar in their nature to our Plummer's pill, combined with purgatives. Electricity has been recommended, under a notion that the affection arises from a state of inflammation which might thus be amended. But I suppose that electricity is no more capable of putting a stop to inflammation of the retina than of any other part or texture of the body; and I imagine there is no great evidence for supposing that electricity is much of an antiphlogistic. Under an idea that the deficient state of vision arises from weakness of the nerve, an idea which appears to have arisen in a great measure from the expression used by patients that their sight is "weak," all kinds of tonics and stimulants and antispasmodic remedies have been tried over and over again in amaurosis; indeed it would take a long time to go through a catalogue of the means that have been employed in cases of this kind. I conceive that their use proceeds on a quite erroneous idea as to the nature of the disease; that the weakness of sight in this instance arises merely from disease of the nervous structure, by which the sense is exercised, and that you could no more obviate it by tonics or stimulants, or nervous remedies, than you could by the same means obviate the weakness of any other organ of the body that is in a similar state of high inflammation. I think you will hardly meet with any case in which the amaurotic affection can be clearly traced to causes that can be considered to be of a debilitating nature. There is, perhaps, only one kind of amaurosis that can at all come under this description. Women who are suckling, and who have continued to suckle for a long time, sometimes become much enfeebled, weak, and nervous, and their sight then frequently suffers; imaginary objects pass and flash before their eyes, and the sight becomes dim. You find, in such cases, a collection of circumstances indicating debility. Under these circumstances, weaning the child, the administration of a good diet and light tonic medicines, will often put a stop to the affection. It is a kind of amaurosis which I think may so far be said to owe its origin

to something like debility, but it is almost the only kind of case in which that description of treatment is applicable. I have mentioned to you, that amaurosis sometimes appears to be what is properly called a functional affection; that is, it takes place under circumstances in which we cannot suppose the nervous structure of the eye to be actually diseased. There is one remarkable case of this kind, to which the term

HEMERALOPIA, or NIGHT-BLINDNESS, is given, where the amaurotic affection is intermittent and periodical. The patient sees very well during the day, but the sight becomes defective as twilight approaches, is totally suspended during the night, and again becomes perfect as the sun rises. This is an affection which is rarely seen in this country, or within the temperate zones; but it is by no means uncommon between the tropics, that is, in the warmer regions of the globe, and it appears to arise from excessive stimulation of the retina, occasioned by the strong light to which the eye is exposed in those regions during the day, so that the retina is not sufficiently excited for the purpose of vision by the light which exists at night. The affection proceeds, in certain cases, to such a degree, that an individual who is seen quite well during the day, when night comes on, finds that the power of discerning light is so completely gone, that he is unable to see the light of a candle brought close to the eye. This affection will last for a considerable length of time, but does not terminate in loss of vision; on the contrary, the affection at last goes off and sight is recovered.—**TREATMENT:** Blisters, to the temples particularly, will be found the most efficacious mode of treatment. I have seen the affection in a few instances in this country, but the cases were all such as had originated in the East or West Indies. And where persons have experienced it after their return, or after suffering for a length of time in those regions, it has given way to mild antiphlogistic treatment, blistering, and purging.

Cases of **NYCTALOPIA** have been talked of, that is, blindness during the day, with vision at night. In individuals labouring under strumous ophthalmia, there is such a degree of intolerance of light, that the patients may be said to be blind during the day—they cannot bear the light; and yet those individuals when twilight comes on are able to apply the eyes, and can see; that is certainly a nyctalopic state.—There are also states of the eye in which the patient sees pretty well in a moderate light, although he cannot see in a strong one. A central opacity of the cornea, of the crystalline lens, constitutes a case of this kind. In a strong light the pupil is contracted, and no light gains admission, but in a weak light, where the pupil and crystalline lens become dilated, light passes in through the transparent circumference of the cornea or the lens. There are certain states of imperfect vision which arise from alterations in the optical parts of the eye. The transparent media of the eye are to be considered merely in the light of certain optical instruments, which are calculated so to act upon rays, as to bring them to a focus on the retina. You cannot imitate them by an artificial instrument. All the parts of the eye are quite mechanical; they act just according to the laws which affect media of a certain density, out of the body. In elderly persons, the retractive powers of the eye become gradually diminished, so that the rays of light are not brought to a proper focus on the retina; the retractive powers are lessened, so that they do not converge the rays with sufficient power for the purpose of vision; hence such a person is unable to see objects situated near the eye; he cannot read at an ordinary distance, nor see to mend a pen, nor perceive minute objects placed near the organ of vision, the refractive powers of the eye not being adequate to bring the divergent rays which proceed from near objects to a focus; yet such a person can see distinct objects with the greatest clearness. He cannot, perhaps, see what is the hour by a watch held in his hand, but he will tell you what o'clock it is, by looking at a very remote church dial; this is called **far-sightedness**, or

PRESBYOPIA,—that is, a state or change of vision consequent on old age. It occurs sometimes about the middle period of life, but gene-

rally after, or as old age comes on.—The remedy consists in the employment of convex glasses—the use of spectacles; and the individuals must select glasses of such a power as will enable him to read or see any objects at the ordinary distance with facility. He merely wants to use this optical aid for near objects; remote objects he is able to see perfectly well without glasses. But as this is a change of the eye which is progressive, he finds, a certain time after he has selected the spectacles, that they do not answer the purpose, and he is obliged to use more powerful glasses.

MYOPIA.—An opposite state to this is that state which you find incidental to young persons, and is termed *myopia*. It seems to be a natural defect of the condition of the eye, by which its refractive powers are too considerable; the rays of light are brought to a focus sooner than they ought to be, so that they diverge and are scattered again, before striking on the retina, and thus inefficiency of vision arises.—This requires optical aid of a different kind, in fact, it requires glasses exactly opposite to those required in presbyopia. The near-sighted individual requires concave glasses to assist him in viewing remote objects. He is able to see all objects well that are near to the eye; in fact, he can see them when much nearer than the distance at which they can be observed by others, the refractive powers of his eye being stronger than those of most individuals; but he loses the sight of distant objects. A near-sighted individual cannot see the countenances of persons in a large room; he cannot distinguish the features of players on a stage, he cannot describe pictures in a room; for all these purposes he requires concave glasses. This is a defect of vision found in young persons; perhaps at from fourteen to eighteen years of age they begin to detect it.—Patients often ask whether the employment of glasses is likely to assist them permanently. You may say, certainly, in such a case, that they are absolutely necessary for the purpose of vision; that their use is not attended with any injury to the eye; that the employment of glasses is not likely to render the eye worse, or to make vision more imperfect. It is better that a person so circumstanced should use such glasses as will enable him to see objects without any unpleasant effort of the eye; he will do better with assistance of that kind, than by attempting to strain the eye without it. It should be observed, that he ought to use a glass that will just enable him to see easily and clearly, and not to employ one that will occasion any fatigue to the eye. With a glass of the latter kind, he may be enabled to see objects better than with one of another sort; but if it produce any uneasiness about the eye, it is a clear proof that the instrument is too powerful, and would certainly injure the sight.

I should have mentioned to you, in speaking of **AMAUROTIC AFFECTIONS**, another circumstance with respect to the imaginary objects that are seen before the eyes, to which the name of *muscae volitantes* is given. I stated that the affection commenced by these appearances; but there are many cases in which persons are thus deceived, without any immediate or ultimate impairment of vision. It is important, therefore, that you should be able to distinguish between the cases in which the appearance of these imaginary objects may be considered as denoting the probable occurrence of amaurosis, and those in which they merely arise from a functional disturbance of the retina. Persons have before their eyes objects which present almost every variety of figure, colour, and combination, that you can describe. Very often they describe them to be like polished spots or specks; often they compare them to the minute black particles that float about in the atmosphere of London; sometimes they see one or more objects, sometimes a considerable multitude, seemingly directly in front of the eye, and interposed between it and the objects to which the sight is directed; sometimes there are threads or shreds; sometimes reticulated objects, like net-work; sometimes the objects are of a luminous nature, like sparks or flashes of fire; sometimes a sort of transparent vesicles, connected together like a chain before the eye; and these appearances generally follow the movement of the eye. This is apt to occur to persons of an irritable or nervous temperament,

and to those who have been affected by any depressing cause, who have experienced great distress of mind from alteration of circumstances. It is not attended with any symptoms of change, either in the condition of the retina, or in the state of the pupil. The patient is able to discern minute objects just as well as he did before. We find that the iris moves, and that the pupil changes its dimensions just as in the natural state; these circumstances enable us to determine in a particular case, that the affection is merely a functional disturbance of the retina, and does not depend upon any actual disease in the organ. If the vision of minute objects is perfect, if the motions of the iris are perfectly performed, if the pupil contracts and dilates, we may confidently assure the patient that there is no danger of the loss of sight. If, on the other hand, we find that vision is impaired, and that the motions of the iris and pupil are also altered, we must regard, unquestionably, the appearance of *muscae volitantes* as the precursors of an amaurotic affection.—Where the appearance of *muscae volitantes* is a symptom denoting simply functional derangement of the retina, we do not usually succeed in removing them. The means which we may adopt may lessen the symptoms in degree; the patient will become gradually accustomed and indifferent to them; but the objects are still before the eye, and he continues for many years to see them. We have cases occasionally, in which such objects have been present for ten, fifteen, or twenty years, without producing any very serious affection of vision. Individuals are sometimes met with, who are unable to discern the difference of colours, either from each other or at all, so that when they look at a painting, for example, they are merely sensible of a representation of light and shade, and do not discern the distinction between the colours. Such individuals exhibit on examination an apparent perfection in the construction of the eye; there seems to be no deviation from its natural state; and the patient is able to see objects in all other respects quite perfectly. He is quite able to discern minute objects, to see everything, in point of fact, as other persons do, excepting as regards the distinguishing of colours. This, I apprehend, must be considered to be a natural defect, either in the eye or in the brain. The phrenologists are of opinion, that there is a particular part of the brain which has for its function the judgment and discrimination of colours, and they say, that in these cases there is a defect in the structure of that part of the brain; that the eye is perfect, but that the brain is imperfect; we certainly do find, that the external eye is in appearance essentially perfect; at all events, this is a state which we have no power whatever of remedying.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the, 12th December, 1840:—

Epidemic, endemic, and contagious diseases	265
Diseases of the brain, nerves, and senses	156
Diseases of the lungs, and other organs of respiration	275
Diseases of the heart and blood-vessels	16
Diseases of the stomach, liver, and other organs of digestion	57
Diseases of the kidneys, &c.	5
Childbed, diseases of the uterus, &c.	10
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	1
Diseases of uncertain seat	102
Old age, or natural decay	79
Violent deaths	26
Causes not specified	13

Deaths from all causes.....1013

LITERARY NOTICE.—In the Press, the Second Number of Mr. Braithwaite's Retrospect of Medicine and Surgery.

CORRESPONDENCE.

PROFESSIONAL ETIQUETTE.

To the Editor of the 'Medical Times.'

SIR,—As much has of late engaged the columns of your valuable Journal relative to medical etiquette, a case rather unique has come under my notice, and I feel that it is worthy of publication, together with your fearless exposure of all that has a tendency to shake public opinion in the importance of our art. I venture, for the sake of myself, and the community at large, to state the glaring inconsistency of one of my medical brethren in this place, and the gentlemanly conduct he displayed, when called to visit a patient on the 24th August, 1840. I was requested to visit the child of Mr. Whatmough, innkeeper, Whitworth, a distance of three miles from my residence. On my arrival, I found my little patient labouring under the following symptoms:—Pulse scarcely perceptible at the wrist; abdomen swollen, and acutely tender to the touch, tongue covered with a brown fur and dry, bowels irregular, heat of skin natural, with occasional exacerbations of fever; the child had no sickness, nor had she vomited; no thirst; six leeches were applied to the abdomen, and the following medicine prescribed:—

R. Liq. Ammon. Acet. ʒss.

Mist. Camph. ʒj.

Syr. Croci ʒij. M. One teaspoonful to be taken every hour.

R. Pulv. Jalapii.

— Rhei a.a. grs. iv.

— Zingib. grs. ij. M. One to be taken every four hours until they operate. Mitte iv.

25. She was somewhat better; tongue clear and moist; abdomen still tender, yet less swollen; bowels open; pulse 120, and weak; six leeches more were applied to the abdomen, followed by hot fomentations. Continued the mixture as before—omitted the powders.—26. Much the same in every respect; a blister was applied to the abdomen. Continued the mixture.—28. This day I found her suffering from dysenteric symptoms, attended with a considerable degree of fever; pulse 140, still weak; skin dry; urine scanty and high coloured, which had been so from the first. I this day was informed, that on the day I was called to visit the child, it had fallen with its abdomen against a step.

R. Pulv. Doveri, grs. iij.

Hyd. c. cretæ, gr. j. M. One to be taken night and morning. Mitte. vj. Repeat mixture as before.

30. She was better, the dysenteric symptoms having in a great measure subsided; pulse 110, and weak; abdomen less tender to the touch, and less swollen; appetite altering; tongue clear, moist, &c. Repeat Pulv. vj. as before.—Sept. 3. She still is improving; pulse 96, full and soft; abdomen free from pain; bowels confined; tongue clear; the urine normal, heat and dryness of skin have disappeared; her gums are rather swollen, and complains of them being sore. Omit the powders, and let the following be taken:—

R. Pulv. Rhei, grs. iv.

Fol. Sulph. grs. iij.

Pulv. Zingib. grs. ij. M. One to be taken every night. Mitte vj.

8. She was rather worse, on account of the pain and uneasiness in her mouth, which prevented her from taking food. On examining the mouth, the gums were much swollen, and several white blisters appeared on the inside of the left cheek; much the same in other respects as described in my last visit.—Repeat Pulv. vj. as before, and requested them to send for a little medicine to wash her mouth with; they failed to do so, and not hearing anything from them, I again visited the child on the 12th ult., when I found her suffering from ulceration of the mouth, and was accused by my friends of having salivated the child. I told them I entertained a different opinion; but they said that Mr. Morris, another surgeon, had seen the child, and he said that it was labouring under profuse salivation, caused by the administration of mercury. On leaving the house, I informed them that I should bring Mr. M. along with me the day following, and we should hear whether Mr. M. would say the child was salivated or not. On my return home, I waited upon Mr. M., and informed

him of the circumstances; he knew nothing at all about it, but he agreed to go with me the day after to see the child. We accordingly went to see the patient. On the way I informed Mr. M. of the treatment I had adopted, and, in the presence of its mother and another person, I asked Mr. M. if he was of opinion that the treatment I had detailed to him would cause ulceration of the month; and he answered no, at once contradicting himself. Without giving any further remarks of this case, I will at once come to the coroner's inquest, which was held upon the body of the child. Considering it unnecessary to give the whole of the evidence, I will confine myself to that part of it which regards the maltreatment the child was supposed to have received. Mr. M., in answer to the coroner, stated that inflammation or salivation might produce ulceration of the mouth, and that a post-mortem examination was not needed. Some of the jurymen desired him to take the phial of medicine home and analyse it. The inquest was postponed two days, to allow Mr. M. time to ascertain what the contents of the medicine were. On the day of the second sitting, I was requested by Mr. Dearden, the coroner, to be present. Accordingly I went, and was favoured with the assistance of Mr. Bower, a surgeon of this town. I was examined, and gave it as my opinion that the child had died from cancrum oris, and that the disease was neither caused nor accelerated by the mercury given, in which opinion I was seconded by my friend Mr. B., and most singular to relate, Mr. M. concurred in our joint opinions, although he had frequently stated that mercury was the cause of the disease. As long as there are to be found medical men who continue to impose upon the credulity of the public, by assuming a great amount of professional lore at the expense of others, it will, I am convinced, have a tendency to lower our art in the estimation of the people. Whoever attempts to rise upon the ruins of the character of another, will, I feel persuaded, find himself much mistaken, and it will be well if he does not fall himself into the vortex he has prepared for his brother practitioner, by presuming a knowledge of disease superior to the rest of the faculty. Who that possesses a spark of honour, and wishes to be held up as a pattern to society, would be guilty of so mean an artifice, such a system of degradation, to raise himself in the estimation of the public at the expense of another? Such a one ought to be held up to public execration, and be branded with the epithet of sniveller, for even such conduct among mechanics would be met with the most severe denunciations, and the man held up to contempt and scorn, and never again allowed any privilege among them. Mr. Morris always conducted himself towards me in the most conciliating and gentlemanly manner, yet he adopted the meanest of ways to depreciate me in the estimation of the patient's friends.—Who would have thought of concealing a dagger in his bosom, to stab his fellow-practitioner assassin like; and what can the profession think of the man who smother the rancour that exists in his bosom? If the foe openly attack, we can prepare for the assault, but if he lie in ambush and commence his attack when he is not there to defend himself, the injury received may be incalculable. He who does not act with a spirit of true emulation and rivalry towards his professional brethren, must expect to meet with those unpleasant forebodings which are characteristic of a narrow and contracted mind.—Your insertion of the above case and remarks, will oblige, sir, your obedient servant,

T. H. WARDLEWORTH, Surgeon.

PERFORATION OF THE STOMACH—METASTATIC INFLAMMATIONS.

Translated for the 'Medical Times' from the 'Archives de la Médecine Belge.'

THIS case is not only deserving of notice as illustrative of a grave question of medical jurisprudence, but from the succession of inflammatory disorders which finally led the patient to the tomb. Two relapses of intense ophthalmia were followed by pleuro-pneumonia, then by ulcerative inflammation of the throat, and finally by inflamed membranes of the brain, with perforation of the stomach, resembling that produced by poison.—The subject

was twenty-one years of age, who in the month of September entered the Hotel Dieu at Lyons, for an ophthalmia, with opacity of the cornea, which, after two months' treatment by cauterization with nitrate of silver and Scherer's ophthalmic ointment, was cured. In December the ophthalmia returned, and was again cured by four leeches under the eyelids, coupled with the daily use of Scherer's ointment.—At the latter end of January the disease again returned, and a note was taken of his case as follows:—Acute pain in both eyes, spasm intense, and tumefaction of the eyelids; aversion to the slightest ray of light, abundant secretion of tears and mucous discharge; both eyes are greatly inflamed, but in different degrees. Opacity and vascularity exists in both corneæ, and with the addition of matter collected between the layers of the one in the left eye; the iris is also beginning to inflame, it is contracted and greyish. (*Bleeding, twenty ounces; mercurial frictions on the forehead and temples. Collyrium of nitrate of silver, with belladonna, dropped into the eye.*) In two days, to the great amazement of the surgeon, one eye was quite cured, and the other was greatly improved. But the disease had left the eye to fasten upon other organs, for the respirations became frequent and difficult, with fever and intense thirst. Eight ounces of blood were taken, but the man became delirious during the night. On the following morning he had almost lost his hearing and memory. The sensibility of the skin was so much impaired, that he could only feel when pinched, and the muscles of the limbs were in a state bordering on paralysis. The thirst was still intense, and the fever as before. A blister was applied to the left leg. In the evening delirium was gone, he answered questions, and the other symptoms had in a great degree disappeared; but fever remained, and an acute pain was felt in the left side of the thorax, with dry cough and great dyspnoea. Percussion produced so much pain that it could not be borne, and the *crepitating rattle* was perceived on auscultation. *Fifteen leeches were applied to the part of the chest where pain was felt*, and a calming potion with tisanes of violet and linden flowers was administered. On the following day the symptoms had all disappeared, but as the left eye was sensible to light, the nitrate of silver collyrium was again dropped into it, and the mercurial frictions were renewed.—Another twenty-four hours brought back the pulmonary symptoms, with fever; the thirst is still described as being *intense*. Twenty leeches to the chest relieved the pulmonary affection, but the head became embarrassed, the tongue dry, and covered with brown mucus, the belly painful, and the bowels constipated. The last symptom was relieved by two ounces of castor oil.—For the next five days the symptoms fluctuated, the expectoration became streaked with blood, great was the prostration of strength, and the intellects were obscured; three blisters and fifteen leeches were the chief remedies. During this interval, the patient suddenly amended, his appetite returned, and he took food. The convalescence lasted but four or five days, the throat and pharynx then became painful, with difficult deglutition. In three days more the man was delirious and noisy during the night, with complete prostration of strength. In the morning he complained of acute pain in the head, the tongue was red and parched, the thirst intense, and the skin was hot and acrid, pulse strong and frequent. In two days the man was a corpse. Coma, convulsive cries, rigidity of the limbs, and finally paralysis, filled up the catalogue of symptoms in the interval. Here was sufficient indication for copious depletion, but nothing was done excepting blistering and sinapisms to the extremities.

On dissection, the pia mater and arachnoid were inflamed and lined with pus. The surface of the brain was vascular and softened at different points. The lateral ventricles contained a sanguinolent and turbid serum, with softening of their inner membrane and the fornix. The stomach was inflamed in several points. It presented a brown red punctured surface, in some parts in patches. The mucous membrane was thick and softened, with a large perforation towards the little cul-de-sac, which had suffered the contents of the stomach to

pass into the abdomen. The peritoneum was not found to be inflamed, but the concave part of the liver corresponding with the perforated part of the stomach was rough and deprived of its membrane. It was rugous and studded with black spots, from ulcerated congestions of the capillary vessels. The velum palati, fauces, and even the larynx, were red and ulcerated. The patient had lost his voice a short time before his death.—The reporter of this case, M. PETREQUIN, of Lyons, enters upon speculations as to the existence of the perforation during life, and ascertained by the following experiment that the solvent power of the gastric juice after death will perforate the stomach.—Experiment.—*Spontaneous perforation of the Stomach effected by the Gastric Juice.* "I took," says M. Petrequin, "a young rabbit, and after having kept it fasting for a day, I gave it food in abundance. An hour afterwards I killed and suspended it by its hind legs, in a room heated to eighteen degrees centigrade, by an iron stove. Twenty-four hours after death I found a perforation in the great *cul-de-sac* of the stomach, precisely in the most depending part, where the gastric juice would naturally fall by its own weight. The internal membrane was softened, and its perforation was more extensive than that of the muscular membrane."—As the effusion of the contents of the stomach into the peritoneum, in the case of the man described above, had produced no inflammation, it may be presumed that the perforation took place after death.

DETACHED FACTS.

POISONING FROM ACETATE OF LEAD.—DECOMPOSITION OF THE ACETATE, AND CURE BY SULPHATES OF MAGNESIA AND SODA.—LEAD FOUND IN THE URINE.

THIS, we believe, is the first case where lead, absorbed into the blood, has been sought in the urine. M. ORFILA, who has already detected arsenic, antimony, and copper in the secretion, has long since expressed his opinion that all the metals capable of solution in the stomach would be absorbed, and finally excreted by the kidneys. This patient, a young girl, swallowed a solution of acetate of lead, containing thirty or forty grammes (each of 16 English grains). She immediately fainted, was convulsed, and vomited. A pharmacien of the neighbourhood administered first the sulphate of magnesia, and then sulphate of soda, both of which render the acetate of lead inert in the stomach by producing an insoluble sulphate of lead. The patient was purged by this treatment. Her chief symptom, after the vomiting had ceased, was an uncomfortable feeling about the stomach. On the following morning, about eighteen hours after taking the poison, she had recovered, and at the expiration of twenty-five hours she voided a large quantity of urine, which was sent to M. ORFILA for analysis. She had experienced neither cerebral symptoms nor weakness of the limbs, nor numbness; in fact none of those nervous affections produced by poisoning from lead, which was doubtless owing to the early decomposition of the metallic salt.—M. ORFILA having evaporated the urine to dryness, carbonized it by nitric acid, and found it to contain a large quantity of lead by applying the usual tests. The particulars of M. Orfila's methods will be found in several of our preceding numbers.—During the last week M. Lassaigne has detected lead in the urine, blood, and viscera, of a horse poisoned by four pounds of subacetate of lead. Up to the present time lead has not been found in the organs or urine of persons employed in lead manufactories, and who have died as presumed from *inhalation of the particles or vapour of lead*. We may, however, mention one fact, that we have seen a person labouring under the *saturnine colic* at La Charité, become completely of a blackish-brown colour on immersion into the

sulphur bath, which result is to be ascribed to the decomposition of lead existing in the pores of the skin. How it gets there remains to be investigated.

NORMAL ARSENIC FOUND IN THE BLOOD.

Quesneville's Revue Scientifique contains this most interesting fact, which is in opposition to the opinion of M. Orfila. Dr. Vanden Broeck, Professor of Chemistry at the *Ecole des Minas*, at Hainault, took ten ounces of blood from the vein of a man labouring under ophthalmia, and laid it aside for a few hours, after which he evaporated the serum in a porcelain capsule. The residuum was a carneous resisting mass of hepatic colour. The vapour given off at the close of the operation was ammoniacal, but no pyrogenous gas was produced. He then added to the mass a part of the red clot, which was free from inflammatory crust. This mixture, stirred with a glass rod, was kept over the fire until pyrogenous or inflammable vapours arose. He then added *nitrate of potash* in powder, whose purity had been ascertained. The temperature was increased, so as to deflagrate and carbonize the mass, which at the close of the operation had dissipated the azotic acid of the nitrate of potash, leaving the alkali in combination with the animal coal, and a small portion of undecomposed nitrate. A solution of these salts was first made, the coal was then washed with additional water, which was added to the previous solution, and the whole was saturated with *pure sulphuric acid*. A portion of this liquid concentrated was introduced into Marsh's apparatus, which gave out a number of spots that were *not* arsenical, some were white and opaque, others brownish and slightly brilliant. They were easily volatilized, but instead of being instantaneously soluble in nitric acid like arsenic, they were a long time in disappearing from its contact. If arsenic then exists in the blood, it is not soluble in water, as is also the case in the arsenic of the bones, where it is found in the form of an insoluble arseniate of lime.—The carbonaceous residue was then put into a flask with *pure concentrated sulphuric acid*, so as to make a liquid paste, which was left to digest sixteen hours. The flask was then exposed to heat, small quantities of water being gradually added, and at length the liquid was boiled for two hours, during which process portions of *pure carbonate of soda* were gradually added until the saturation was complete. The matter was evaporated to dryness, but fresh water was again added in sufficient quantity to dissolve the saline compound by means of heat. This liquid, with the floating carbonaceous mass, was introduced into the hydrogen apparatus. The first portions of gas which were inflated gave only *yellow* spots on the porcelain capsule; a few minutes afterwards *the flame became blue*, and large brown *miroitant* spots were deposited, which were volatile at the flame of pure hydrogen. As the arterial blood, *à fortiori*, might be expected to contain more of the metals than the venous, 5 ounces were taken from the crural artery of a cat, and arsenical spots were produced and tested by volatilization at the flame of pure hydrogen. They were soluble in nitric acid, and decomposable into arseniate of silver, of a red brick-dust colour, by liquid nitrate of silver.

At a Committee Meeting of the Taunton Hospital on Monday, J. S. Gould, Esq., announced his intention of giving £1000 (in addition to the £1000 given a short time ago by that gentleman, which was applied to the general purposes of the hospital) towards the fund required for the enlargement of the hospital.

TO CORRESPONDENTS.

RECEIVED.—Mr. Pryce.

THE LATE DR. RYAN.—(From a Correspondent).

We sincerely regret to hear that the late Dr. Ryan has left a widow and four infant children, in a most destitute situation. The following letter has been addressed to the widow, on the part of the Metropolitan Free Hospital, of which Dr. Ryan had been a physician.—“29, Carey-street, Lincoln's-Inn-Fields, December 18th, 1840. Madam,—I am directed by the Committee of Management of the Metropolitan Free Hospital, to lay before you the following portion of the Minutes taken at their last meeting on Wednesday evening.—The Report of the medical officers was read in committee, and ordered to be entered on the Minutes, as follows: ‘To the Committee and Governors of the Metropolitan Free Hospital, December 16th, 1840. The Medical Officers beg to announce to the Committee and Governors of the hospital, the melancholy and premature decease of their colleague, Dr. Ryan. The circumstances attending this sad event are calculated to excite in their minds unusual feelings of regret, for they have not only been deprived of an active, intelligent, and kind-hearted colleague, and one whom they feel it will be difficult to replace, but they have also to deplore the hopeless and destitute condition of his widow and children, who were entirely dependant upon Dr. Ryan's professional and literary exertions, and who are now thrown upon the wide world without a refuge, unless speedy relief be afforded them by the benevolence of the profession and the public. The long and faithful services rendered by Dr. Ryan to this Institution, constitute, in the opinion of the medical officers, a very strong reason for their pressing upon the committee and the governors at large, the expediency of taking such measures as may testify their regret at the loss of their valuable physician, and their sympathy in the deplorable state of his widow and family.—Signed, Physicians, John Steggall, M.D., G. A. F. Wilks, M.D.; Surgeons A. Tweedie, P. B. Lucas, John Leete Eland.’—Resolved, that the following minutes be entered upon the books, and a copy sent to the widow of the late Dr. Ryan. ‘The committee of the Metropolitan Free Hospital, Carey-street, receive with deep regret the melancholy announcement of the premature decease of their late respected senior physician, Dr. Ryan, and feel it imperative upon them to give their unanimous testimony to his constant zeal and energy in forwarding the benevolent objects of this institution from its commencement, his skill and kindness towards the numerous suffering patients under his care, and his invariable urbanity as a gentleman towards all the members of the committee, and they sincerely sympathize with his bereaved widow and family, on the irreparable loss they have sustained.’—Personally, I beg to offer my sincere condolence on your late melancholy bereavement, and to subscribe myself, madam, your most obedient servant, C. Toogood Downing. Mrs. Ryan.”—[Dr. Ryan was well known as a medical journalist, as an author, and as a teacher. Like all who take an active part in the affairs of the world, he had enemies who industriously magnified what they chose to regard as faults and follies, and friends who regarded him as above all blame. His bitterest enemies, however, must acknowledge that he was an indefatigable labourer in the profession—the number of his friends best proves him to have been a warm-hearted man. As a life of activity, prematurely terminated, has left a young family unprovided for, we hear with pleasure that it is proposed “to raise a fund to place the widow in a situation to support herself and her children.” We think the case one eminently calculated to excite the sympathy of Dr. Ryan's medical brethren, and the public; and we shall always feel pleasure in assisting those who benevolently exert themselves to lighten the load of adversity, more especially when the burthen bears heavily upon the orphans and widow of an active and deserving medical man.—Editor.]

QUÆSITOR.—Lawrence's lectures commenced in number 2 of the ‘Medical Times.’

MR. STUART'S numbers have been regularly posted. We believe eleven editions of Sir Astley's book have been published.—The price of the last is two guineas.

MR. SAYLE.—The copies were all then to be had; some of them are now very scarce. Those friends who are anxious to complete their sets should do so at once.

POOR LAW “DUBS.”—To the editor of the ‘Medical Times.’—Sir, In your “sketches,” you have not noticed the power assumed by the Irish Poor Law Commissioner and his secretary to dub a degree, which they have done in the case of their medical-assistant and inspector, “Dr.” Phelan, quondam counter-practitioner in the town of Clonmel, alias an apothecary—the man wrote a book, and scribbled himself into 1,100l. per annum?—Yours, A Tipperary Man. OUR FRIEND who inquires about the rhyme, will perhaps send his name.

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THE MEDICAL TIMES.

THE MEDICAL PROFESSION.—POOR-LAW GUARDIANS.

It is an indisputable fact, that there is no profession requiring such lengthened study, such various acquirements, such extensive knowledge, and such skill and judgment, as the profession of medicine and surgery; and it is an equally incontrovertible fact, that no class of professional men, in the aggregate, stand so low in the scale of public estimation, as do the members of the medical profession, except, perhaps, at the very moment when their services are required to ward off or combat the attacks of disease, or to counteract the effects of some grave accident. Then, indeed, they are invested “for the nonce,” with all the importance and all the respect to which their knowledge and dexterity entitle them; but the danger once past, the public, like the crew of a ship that has escaped the storm, laugh at their past fears, nor give one thought to him who, in their distress, stepped in to save them.

We believe—we fear—we are not far wrong in ascribing a very considerable portion of the

little esteem in which the medical profession in general is held, to the want of dignity manifested by many surgeons themselves, and to the irruption of irregulars so often lashed by us,—to their miserable, petty, underhand cabals for the acquisition of patients, and to their truckling subserviency to the powers that be, for the mere purpose, perhaps, of ousting some unfortunate fellow-practitioner from a participation in the extremely liberal salaries allowed by the guardians of a union, for attendance on the poor. In the country parts of England, there is in no class such disunion to be found as exists almost everywhere among members of the medical profession; and so long as this feeling lasts, and we are divided among ourselves, how shall we hope to lay claim to that respect to which the practice of a learned profession should justly entitle us? Do not the petty jealousies and intrigues of very many country surgeons lay them open to the ridicule and the sneers of the public, and throw a slur upon the profession in general, whose members would otherwise hold a far different station in society from that which they now occupy? Is there, or is there not, we would ask, among many surgeons practising the three branches of the profession, an assumed insinuating address—a false exhibition of sympathy—and, in very many instances, an absolutely sycophantic manner, when communing with their patients, or with those, more particularly, whom they seek to make such, which, being very frequently totally foreign to their real and unmasked character, and merely put on for the purposes of rivalry, is degrading to them individually as men, and detrimental to the members of the medical profession at large? We are sorry that facts compel us to answer in the affirmative.

It is, in a great measure, this grovelling and undignified manner of exercising a profession, superior to all others in point of necessary talent and knowledge, that has tended so much to reduce it in public estimation, and to bring it, if not into contempt, at least into irreverence. Without the discord and want of unanimity engendered among surgeons, by each using every art to supplant and outdo his fellow, Mr. Wakley had never dared, on the discussion respecting the Vaccination Bill, to state broadly, that “it was a well-known fact that the medical officers of unions were not the most reputable members of their profession, but frequently scheming and inexperienced adventurers, who sought to render themselves competent to practise on the rich by experimenting on the poor.” This sweeping condemnation of the surgeons of unions in general, a great proportion of whom are men both of talent and experience, is unquestionably undeserved, but, at the same time, tends materially to point out the state of public feeling towards the medical profession, and to show the real light in which it is viewed as a body; otherwise, so gross a calumny could never have suggested itself to the mind of a person professing to uphold the interests of a class of men with whom

he identifies himself. One reason which was subsequently urged by several members in support of the bill, viz., "that it was better to appoint one practitioner to vaccinate, than to suffer surgeons to canvass for half-crown fees," would of itself, were other indications of popular feeling towards surgeons wanting, be sufficient to prove the slight degree of consideration in which the profession is held.

Such, however, being unfortunately the fact, it would be idle to fly in the face of public opinion, by denying the existence of an opinion engendered by the fault of medical men themselves, and fostered by the tameness with which we submit to any and every edict made to fetter our energies, and place masters over our heads, and to which, be it remarked, no other profession is subjected. It is more becoming and much wiser to examine those acts which have procured for us so unenviable a station, and having discovered, to amend them.

Let us then consider the position of a parochial surgeon under the existing poor-law.—The magistrates are *ex officio* guardians of the poor, the remaining guardians being, for the most part, tradesmen and small shop-keepers, men of narrow minds, who not unfrequently take a pleasure in practically demonstrating to the parish surgeon that he is their servant and under their orders. Where there are several surgeons in a town, the old practitioners are probably the medical attendants of three-fourths of these men; and possibly the situation of parish-surgeon may, from motives of economy, have been given to some young man not long established. A great number of these young surgeons who undertake the medical attendance on the poor, are, for the most part, at the present day, men infinitely better educated in the principles of their profession, than those who, so short a time back as a dozen years, were only required to attend the practice of an hospital for twelve months, and to undergo a course of study equal to less than one-half of that demanded of a medical pupil at present. When appointed by the guardians, he has his duties pointed out to him. So long as he performs them, he ought not in any shape to be interfered with. In short, his appointment should place him at once beyond the control of any individual guardian, and subject only to reprimand by the board, *after having been proved to have neglected the duties assigned to him.*

But how stands the fact? Although the parish-surgeon, on taking office, is informed that he is not bound to attend any pauper without an order in writing from the overseer of the parish, he will very soon discover that not only each overseer, but every churchwarden, and every guardian, together with the clergyman of the parish, will send him orders to attend such and such people, probably a sort of *protégé* of their own, and, should he refuse, although he be perfectly justified in so doing, the case will be brought before the guardians at the next board-day, and a *summons* will be issued, ordering him immediately to attend before the board, and answer for his conduct! This *summons*

he is, by the virtue of his contract, which provides for "the attendance of the parish-surgeon before the guardians when required," bound to obey.—After being kept waiting a greater or less space of time, according to the business before the board, he is admitted, hears the statement of his accuser, rebuts it by proving that he has no authority to issue a mandate for attending the poor, but in spite of this *fact*, never fails to receive an admonition that "it is better to attend to *all orders* that he may receive," after which he is allowed to depart, carrying in his inmost soul the galling feeling that he has been obliged to play an inferior part to men, the great majority of whom will stand no comparison with himself, either in point of gentility or knowledge. In short, finding too late that the stipulation that "he shall attend the board when required," and which he unwittingly construed into an agreement, suggested by a laudable desire on the part of the guardians to consult with him respecting the best mode of affording medical relief to the poor, places him much in the situation of a footman, who must make his appearance when the bell rings. If a man of spirit, he either becomes disgusted with his situation, and throws it up, or, if of a meek disposition, yields mildly to the authorities above him; hails as his master every little tradesman who is, or may be a guardian, and dwindles into that state of insignificance with respect to his position relatively to these men, which lowers himself, at the same time that it elevates them into an idea that they are every way his superior.

The system of "summoning" a surgeon before the board of guardians is resorted to on every occasion, and becomes to him an absolute nuisance, not simply as a species of insult, but also as occasioning great loss of time.—Nevertheless, the difficulty of making head against numerous opponents, and forming the nucleus of a practice, tend to keep down an exhibition of the bitterness of spirit with which his duties are performed, and he goes on suffering the galling of his harness in the hope that his prospects may brighten; until enduring little by little the arrogance of one, the self-sufficiency of another, and the assumed authority of a third, he slides imperceptibly into a sort of *juste milieu*, between the tradesman and the well-educated gentleman, occupying the neutral ground between both.—It is only, then, by making a resolute and combined stand against the enactments of a legislature which seeks to impose upon men of education the duties of servants, that we can hope for better things—and for this stand the coming session will afford sufficient opportunity. Let all be ready.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members, on Friday, December 18th, 1840:—

James Parett.
George William Pretty.
John Buck.
William Collard Pyne.
George Cordy Edwards.
Henry Thomas Webster Harper.
Onslow Andrews.
William Winship.
Charles Godson.
Edward Leslie Falloon.
Josiah Chapman.
Michael York.
John Tuckey Travers.

CONFESSIONS OF JASPER BUDDLE DISSECTING-ROOM PORTER.

CHAPTER XV.—HOW MR. WHIPPLES AND HIS COMPANIONS CONCLUDED THE EVENING.

MACARTHY and Johnson, it will be recollected, after finishing their surgical operation on the ankle of the rope-dancer, turned their steps from the court in Drury Lane towards the Cyder Cellars, where they expected to find Swubs and Whipples, who had quitted them at the Eagle. The theatres were just over as they passed the top of Brydges Street, and all was noise, riot, and confusion, amongst the intense jam of vehicles assembled, except the carriages at the private box entrance in Drury Lane, opposite the Harp, whose drivers and footmen had been quietly sleeping on the boxes for the last hour and a half, and required nothing short of an actual personal exciter to arouse them; a performance which Macarthy directly contemplated indulging in. As soon as they passed the stage-door, and had got clear of the usual crowd of dirty loungers, friends of the orchestra, cousins of the thunder, and convivial acquaintances of the first citizen and second peasant, who are generally loitering about in that locality towards the close of the performance, and wondering where the private cab can be that is always waiting there on ballet nights, Macarthy quietly observed to his companion—"Now, see me put the John Thomases in a rage."

From an acute study of human nature, Macarthy had observed in his nightly perambulations, that when coachmen go to sleep upon their box, which is invariably the case after the first twenty minutes of waiting, they always let their whip drop upon their left arm, towards the near side of the carriage, and supported in a measure by the knees of the footmen, who are snoring by their side. In consequence of this curious physiological discovery, Mac knew that all the thongs of the whips belonging to the Johns of the occupants of the private-boxes were hanging over the pavement under the colonade, like so many fishing-lines; and accordingly he tugged down every one that he passed with a sudden jerk, and then letting it fly up again, startled the coachman from his slumbers, with the general accompaniment of a flick in the face from the thong, as the lash recoiled. By the time, however, that he was awake Mac had passed on to the next carriage, and this species of amusement he continued until the whole line was in a state of great excitement, trying to catch him with the end of their whips, which punishment always fell upon the next passer by; or entertaining him with such salutes as "There goes two Tailors!" "Halloo! you counter-jumper, here's your master a coming;" and occasionally giving "Are you out for the night?" to which Macarthy generally replied that he was, and that his mother did not know it.

"That's a great dodge," said Johnson, as they turned round in front of the theatre, elbowing their way through the stream of life and confused tongues that the doors of the pit and two shilling gallery were disgorging.

"Oh! that's nothing," replied his friend, "nothing to the fun you may have with coachmen and John Thomases; were you ever in Piccadilly on a drawing room day?"

Johnson replied in the negative.

"I always am," returned Mac, "and great vally you have. I get a walking-stick with a pin at the end of it, and when I see a particularly nice John, who does not seem at all proud of his calves and whiskers, and thinks he's nobody, I pretend to cross behind the carriage, and manage to insert the point of the pin very

nicely into the fleshy part of his gastrocnemius as I pass.

"That's great," said Johnson laughing, "and what does he do?"

"Do," returned Mac, "what can he, fixed up on the board, and bobbing about like a potatoe in an empty dung-cart. He generally looks very indignant; and if he's insolent, and it chances to be muddy, I dip the end of my stick in the dirt, and dab his silk stockings, so that he gets nothing else by his jaw."

Crossing over, in the direction of Covent Garden Market, and enlivening the journey by occasional bantering with the basket women, in which, however, it must be confessed they generally got the worst of it, the two students entered the hallowed precincts of Maiden Lane, endeared to us by so many by-gone visions of songs, suppers, and subsequent sickness. They lingered an instant over the kitchen grating of the Cyder Cellars, in contemplation of the large fire, and inviting promise of cheer that it displayed; and then going down one flight of stairs, and up another, they stood at the entrance of the supper-room.

"I wonder why you go down and then up again," said Johnson; "why can't you go straight on at once?"

"That's just the beauty of it," replied his intelligent companion; "don't you see, because the place is called the 'Cellars,' everybody thinks, as a matter of course, it must be down stairs, and this arrangement makes them believe it. Now then, go 'a-head!'"

"Beg your pardon, gentlemen," said one of the waiters, who was outside the door, and who placed himself in their way; "song's going on, sir."

"Well, let it go and be damned," replied Mac. "Who the devil wants to stop it?"

"No, sir," replied the waiter, in a vague negative; "only it interrupts the harmony if gentlemen go in whilst a song's being sung."

"Oh, ah, I see," said Mac, evincing great astonishment at what he was perfectly aware of; "how long will it be?"

"Just over, sir," replied the waiter.

And, indeed, in the course of two minutes, an unusual excitement in singing the chorus, and subsequent outburst of applause, gave notice that the 'harmony' had finished. Accordingly, amidst the jingling of stout glasses, the cries of 'encore,' the clouds of smoke, the shouts of 'waiter!' and the concussions of pewter 'goes' upon the table, Macarthy and Johnson entered, and perceiving Whipples and Swubs near the top on the left hand, immediately joined them.

Everybody knows the Cyder Cellars, and therefore a minute description of their internal anatomy is unnecessary; for who cannot conjure up in his mind a startling picture of that large blue room with its half pillars and wainscot against the wall—its flaring gaslights rising in fitful jumps above their ground-glass shades—its looking-glasses reflecting, *ad infinitum*, the company, and the rummers and tumblers that stand before them on the mantelpiece! As our friends entered, the room was filling from the theatres, and the usual bustle was in full play. There were the waiters (the short one with the curl in the middle of his forehead was Mac's chief favourite) actually bewildered with the orders that were being poured in from all sides; and there was Mr. Rhodes himself, with his good-humoured face, occasionally deigning to nod to some well-known frequenter as he entered, or leaning with one hand on the back of his visitors' chairs, asking if he could get them anything, and hoping they were attended to. There was also Harrison at the head of the middle table,

holding as despotic a rule over the singers, as his namesake does over the governors, officers, and everybody else connected with Guy's Hospital; and on his right was the gentleman with longish light hair, who does the comic, and on his left the other vocalists who join in the glees, and occasionally indulge the company with a tenor or bass solo. Then there were a great many people walking into kidneys, Welsh-rabbits, and poached eggs, as if they had not eaten anything for a month; and a great many others smoking and drinking grog, and some talking, and others asleep, so that altogether there was a very striking assemblage. One man, who wished to cut it particularly fine, ordered a bottle of champagne, which he drank with the singers, and then looked all round the room, to see who observed his ten shillings' worth of display; and two young gentlemen without whiskers, in coats like coal sacks with sleeves, were getting very sick from their cigars, and counting the coin in their waistcoat pockets to see if they could venture to order another *go* of brandy.

"This is splendid, indeed!" said Mr. Whipples, rubbing his hands, and feeling much better for a pint of stout. What a noble room!"

"And noble company, too," rejoined Macarthy, winking to the others; "you would not credit the great people who come here."

"As good as those we saw at Almack's?" said Whipples, reverting to the Archery Rooms in the New Road.

"Better, I think, if anything," rejoined Mac. "Do you see that gentleman in the white Taglioni, with a green scarf round his neck, sitting by the third pillar? Well, that's Lord Wilberforce."

"Lord who?" asked Whipples.

"Wilberforce," returned Mac; "the one that owns so many slaves, and has all those large plantations at Port Adelaide."

"And who are those two next to him?"

"Their names are Burke and Sheridan—you've heard of them?" answered Mac, without moving a muscle.

"I thought Sheridan was dead," said Mr. Whipples, very innocently.

"Ah," rejoined Mac, "that's *that* Sheridan, but this is another."

"Has Prince Albert ever been here?" asked Mr. Whipples; "he goes to the Polytechnic, and the Cattle Show, and other places."

"I rather think not," replied Macarthy, sinking his voice to a whisper, and speaking confidentially; "but Herr Von Joel has."

"God bless me!" exclaimed Mr. Whipples, not liking to appear so very ignorant, and setting the last-named person down as a relation of the Prince.

"How dy'e do, sir?" cried Swubs, to a gentleman whom he recognised at the next table. Then turning to Whipples he remarked, "perhaps you don't know who that is."

Whipples professed himself ignorant.

"It's Brodie," replied Swubs; "and I should not wonder if Halford and Locock are here presently. Waiter, some more kidneys."

A knock with a hammer on the table commanded silence for a song, which was immediately obeyed by every other person in the room calling out "order!" at once. When quiet was obtained, the comic singer with the light hair sang a song at which Mr. Whipples so laughed, that his joyous hilarity was the admiration of everybody near him. It was not exactly of that class which any one would sing at an evening party, or before a number of ladies, but it told very well in the present circle, and was followed up by enthusiastic applause, and cries of "*encore*," a word implying

a wish to hear anything over again, and which the singer attended to by trolling out an entirely different one, which, however, did just as well.

These things went on, and the mirth gradually became fast and furious. Mr. Whipples was in ecstasies. He laughed at the comic songs, applauded the sentimental ones, slapped Swubs on the back, and even attempted to make a pun, but this was not until after the second glass of grog. Neither were the other three men behind hand in their hilarity, and by the time that they began to think of moving, none of them walked very straight; and Mr. Whipples insisted on shaking hands, first with all the singers, then with the waiters, and finally with Rhodes himself, thanking him for his hospitality, assuring him what a delightful evening he had spent, and telling him how happy his father would be at all times to see him; at the same time begging to offer him his card, which he did in the shape of a surgical instrument-maker's that he had found on the mantelpiece of the dissecting-room in the morning. He then rejoined his friends, a little confused in his ideas, and thinking that the large gaslights near the door looked very like a horizontal Catherine wheel in full play.

"I have known dishonest people," said Mac, with mock gravity, as he drew the new man away; "I have known dishonest people, who have come here and supped off broiled turkey, rump-steaks, oysters, and cold punch, and then told the waiter who takes the money upon coming out, that they had only ordered a stout and kidneys."

"What disgraceful conduct," observed Johnson; "I hope they were not medical students."

"Oh, no, not at all," replied Mac; "I wonder how you ever came to think of such an aspersion on our character."

To do our party justice, their accounts were honourably settled; and having, moreover, presented the short waiter, who carried the curl on his forehead, with all the loose coppers, they stumbled down one set of the stairs, and blundered up the other, until they again stood in Maiden Lane—the non-thoroughfare, where report says, O'Smith once drove a coach up in his Bottle Imp's dress, because the jarvey refused to take up Miss Kelly at the stage-door of the Adelphi.

A question now arose—a point which has often been discussed on the same spot, and in the same spirit by others than our present friends—as to where they should go next. Macarthy declared that he was game for anything, Swubs swore he'd follow him, and Johnson, who was not quite so hilarious as the rest of the party, hinted that he should go home.

"Damn home!" shouted Mr. Whipples, reeling very hard against a shutter; "I shan't go home. What's the use of going home—you can go there always, when there's nothing else to do. I've got the key, and I'll chance the rushlight. Give us your arm, Mac."

"Come along, my chick," said Macarthy; "I'm your man. Order for a song," and he commenced some lines apparently descriptive of the domestic economy of a little pig that made the best of bacon, repeating the last word of the song with an eccentric and striking accompaniment of snorts, whistles, and other strange noises, which must have been very edifying to the people who were lying awake in the front bedrooms of the houses in Southampton Street.

Swubs and Johnson mechanically fell into the wake of Mac and his companion, amusing themselves at the same time with some equally harmonious melodies, composed of random recollections of the different songs they had heard just before, strung together with a noble dis-

regard of sense, and a singular adaptation of different metres and sentiments to the same tune, which was something between "We won't go home 'till morning," and "The days when we went gipsying," with an occasional dash of "Nix my dolly pals," into which chorus the whole party gradually merged, jumping along the pavement, and twirling their sticks round their fingers, after the most approved manner of Mr. Paul Bedford. In this manner they once more arrived at Covent Garden.

"Can't you go home quietly, instead of making this noise in the streets," growled a policeman, who was marching down one side of the street, and putting his lantern to the key-holes of all the doors, as if he expected to find a thief getting through them; "I hope you don't call yourselves gentlemen."

"Who are you," cried Whipples, putting his hands on the spines of his *ossa innominata*, and rocking backwards and forwards like a tumbler doll.

"I'll pretty soon let you know who I am, if you don't pass on," returned D, 48.

"I tell you what it is," replied Whipples, "Leave me alone, Mac, can't you; don't be a fool, I shall stay here as long as I choose, and if you're impudent, and don't go on yourself, we'll take you into custody. Who stole the lobster? I repeat the expression, and will abide by the consequences. Who stole the lobster?"

"Never mind him," said Johnson to the offended crusher, "I'll take care of him home. Come along Whipples," and taking one of his arms, whilst Mac seized the other, they led him away, hanging back in the true style of convivial obstinacy. ROCKET.

(To be continued.)

VARIOLOUS PUSTULES IN THE LARYNX.

—The existence of variolous pustules has been denied, but the *Gazette des Hopitaux* contains the dissection of a case in the practice of Dr. Trousseau, in the *Hopital Neckar*, which establishes the fact. The patient died of confluent small-pox, on the second day of her reception. She was carried off by croupal symptoms, with orthopnoea. The aryteno-epilottic ligaments, with the vocal cords, were tumefied, and variolous pustules were found in the larynx. An hypostatic pneumonia had existed, and was ascribed by Dr. Trousseau to a cessation of the influence of the pneumogastric nerve upon the respiration. Our article *Foreign Journals*, in the Number for October 24, contains a notice in connexion with this subject, under the title '*Are Variolous Pustules found in the interior of the Body?*'

DIABETES.—The existence of the sugar in diabetic urine is ascertained to arise from the transformation of the fecula of vegetable food into the uncrystallizable sugar called *sucré de raisin*, just as we convert starch into sugar by chemical process. Ferment, gluten, albumen, and fibrine in connexion with starch in the human stomach, convert that substance into sugar. We are, however, still in the dark as to the cause of the disease, inasmuch as the mere presence of sugar in the stomach, however great its quantity, would not produce diabetes. In order that starch be completely converted into sugar, it must be mixed with seven times its weight of water, which is about the proportion of drink consumed by diabetic patients; but we have still to learn what occasions the thirst which obliges the patient to swallow that quantity of liquid.—One fact is clear, that animal food and complete abstinence from vegetables is the remedy for the disease. In a case related by Dr. Payen, it was remarked that when the patient, having become tired of animal food, resumed the eating of vegetables, the diabetes returned.

SIR BENJAMIN BRODIE'S CLINICAL LECTURE.

Delivered December 16th, 1840.

I MAY mention another case in addition to those already adduced, in which the destruction of a part may be employed with great advantage; I allude to sloughs and phagedenic ulcers, whether they occur upon the organs of generation, or in other parts, to which the term of hospital gangrene has been applied. Powerful escharotics seem to act by destroying the poison on which the sloughs and phagedenic ulcers depend. The best application, in such cases, is nitric acid, applied so as to destroy the parts around. This use of escharotics was first had recourse to by Mr. Welbank, who wrote an excellent treatise upon the subject. I have spoken of the principal cases to which caustics are applicable; but you will in practice see many other cases where caustics are advantageously to be employed. The destruction of a part may be effected by heat. When a low degree of heat is applied to a part, it produces inflammation and vesication; a greater degree destroyed the part. The action of heat is altogether chemical, it destroys the organisation; this is to be noticed in a slough made by a hot iron, it separates sooner than ordinary sloughs caused by caustics. The reason of this is evident, there is more inflammation excited round a part when an iron is applied, than when caustics have been applied. By the destruction of a part by the application of heat, if the surface be small, no constitutional disturbance is produced; nor will the constitution suffer so much, if the heat applied be very high. Thus, a scald will cause more constitutional disturbance, than the complete destruction of a part by a very high degree of heat. I remember a lady who had both arms burnt, the skin of which was completely destroyed, yet her constitution did not suffer at all until the parts began to slough. You may use actual cautery for surgical purposes, as you use common caustics; there is, however, one occasion in which caustics will not do, but when actual cautery will, viz., hæmorrhage from a number of vessels, or from a vessel so deeply seated that it cannot be tied, in this case you will find it efficacious. I have never been in the habit of using such cautery, and have never found it do what caustics could not effect. It was the custom of surgeons formerly to use actual cautery, and some surgeons do so on the Continent at the present day. I am glad that we have got rid of such a rude piece of farriery. I mentioned, in a former lecture, the case of a man who died from the sting of a bee, and I attributed his death to the circumstance of the badness of his constitution, and to the presence of an animal poison: my reason for assigning it to the latter was, because certain poisons will cause mortification. There was a man brought into this hospital, who had been bitten by a rattle-snake, then exhibiting in London; the man, a carpenter, dropped his rule into the cage accidentally, and while endeavouring to take it out, was bitten. When he came into the hospital, he was in a state of syncope, with pain extending up the arm. The next day the arm was purple, as if from cellular inflammation; he lingered for a week with extensive mortification from the bite up to the shoulder. From the appearances after death, I have no doubt that the cellular membrane began to slough from the receipt of the injury, and sloughing of the skin followed. In this case it was proved that, within half an hour, there was ecchymosis; a very singular operation of the poison, for it seemed to operate upon the cellular membrane, and not upon the absorbents or nerves. I am in possession of the

notes of a case, when a rabbit was bitten by the same rattle-snake, and in it the whole cellular membrane was in a state of slough. There are several other poisons which act in the same manner. I have only one observation to make, you may prevent the action of these poisons by applying a ligature above the part to which they have been applied; this method seems to prevent the poison entering into the system. In these cases, besides the local operation of the poison, it has a powerful influence over the system. As parts may be killed by heat, so they may be killed by cold. You might suppose that cold produced death, in the following manner: that the fluids become frozen in the vessels, and that these would burst in consequence, in the same way that trees are killed by a hard frost. Some years ago the weather was so mild that the sap began to circulate in the trees; afterwards an intense frost set in, the sap became frozen, expanded, and thus destroyed the plants. You might suppose that parts are killed in the human body thus, but in general, when a part is frost-bitten it is not killed at once. After a time re-action takes place, inflammation is set up, which runs a short course, and terminates in gangrene. I imagine that cold is never so intense as at once to freeze the vessels; the vessels, however, containing blood may contract and empty themselves, and may remain in this state for a long time. If you take a person to the fire whilst the vessels are thus contracted, re-action will take place, and the patient die from frost bite. In this country we seldom see frost-bite to any extent, but upon the Continent many cases occur. Here, men come into the hospital with mortification of the hands or feet, more seldom with extensive mortification of a limb from exposure to cold. From the account of a French physician who had great practice when the French army was in Russia, it appears that parts may be frozen for a long time without their vitality being destroyed, providing the temperature was gradually restored to the parts. He himself frequently, while riding, lost all sensation in his feet, but always recovered it by the application of snow. The explanation of exciting cause of mortification is this, in some way or other parts are not supplied with blood. A very copious blood-letting will sometimes cause mortification. A case occurred to me, some years ago. I attended with Dr. Babington a gentleman, who having dined out, got tipsy; in staggering home he went into a chemist's shop, and was mad enough to ask the person behind the counter to bleed him. The man, being either drunk or foolish, took away nearly a quart of blood; after this depletion, the patient became exceedingly ill, and was conveyed home in a coach. The next day both of the feet mortified from the toes to the instep. We gave the patient bark, under which he recovered, and the stumps healed. Anything which obstructs the circulation of blood through a limb may induce mortification. A single ligature to an artery will not, however, cut off the supply of blood to a part; you may ask why? Because it only stops the circulation at one point, and it is carried on by the anastomosing branches. If you were to put on seven or eight ligatures, you would interrupt the flow of blood not only through the trunk, but through the anastomosing branches also. Obliteration of an artery is produced by disease, and the same effects result as from tying an artery. I visited a man once, who whilst walking in the fields, felt a sudden pricking sensation, followed by numbness and weight in both extremities. He with difficulty crawled home. In one leg sensation returned, but in the other mortification extended half-way up the thigh; the limb dried, constituting dry gangrene; the skin be-

came dry, hard, and horny, while the tendons could be seen through it. This man lingered six weeks, during five of which he seemed doing very well; nature, however, could not do more, and effect separation. I examined the body, and found marks of inflammation from the bifurcation of the iliacs down to the middle of the thigh; the artery was choked up by coagulated lymph. Some years ago I was called to see a similar case, with Sir C. Clark and Mr. Bryant: a lady was seized with pain down the course of the femoral artery; some degree of inflammation of the leg existed up to the middle of the thigh, the parts sloughed, and I removed the stumps of the tibia and fibula. You may ask why I did not amputate the thigh? I remembered a case in Saviard's surgery, who describes one similar to those mentioned; he amputated the thigh, and was surprised at not finding any blood flow from the wound; the stump would not heal, because there was no supply of blood to carry on the reparative process, and the patient died. The peculiarity of these cases is, that the process of mortification proceeded to a certain extent and no further. If mortification results from obliteration of an artery, the parts become horny and dry, which may easily be accounted for, there being no supply of moisture; but if mortification is the result of venous congestion, then the parts become oedematous and swelled. After the vacation, I shall consider the causes of senile gangrene.

YOUNG SURGEON ON SHIPBOARD.—CHAP. VIII.

By A. GRANT, Esq., M.R.C.S., &c.

THE cases of phlegmonous abscess and inflammation were not of great extent or violence, nearly two-thirds of the whole were confined to the dorsum of the feet, the others occurred beneath the fasciæ of the hand and fingers, and in the leg. These cases were only of consequence, in that they often kept the person from doing duty for a long time. Being generally attended with redness and much tension of the parts, nothing tended more to relieve the pain which this tension created, and also to accelerate the recovery, than a free incision made through the integuments and superficial fascia. If matter had not formed, the hemorrhage which succeeded, in most cases put a stop to the further progress of the disease, and if matter formed it had thus a free exit, and the wound soon filled up by granulations; often indeed the day after the incision the patient could go about his ordinary duty.

One accident occurred a few days after our arrival at Calcutta, and had nearly proved fatal. A fine old man, a boatswain's mate, had sat down upon the main-deck near the after hatchway, when he fell asleep, and losing his balance was precipitated to the bottom of the hold, amongst a quantity of broken wood and casks. He was placed in a cot and hoisted up in a state of insensibility, and some considerable time elapsed before he recovered his senses. He was found to have suffered from an extensive scalp wound; the bone was broken, being laid bare for about four inches. The ulnar of right fore-arm was fractured at the junction of its middle with the lower third, and there was a dislocation of the acromial end of the left clavicle. The whole of the same side of body was dreadfully bruised, but he was sensible of no pain; he lay upon his back moaning, and calling for air and cold water. By the use of the punka, and small quantities of wine and water, he began to revive, and towards evening there was feeble re-action. Some chips of wood were removed from wound of scalp,

which was dressed with adhesive straps; the fractured arm was put up in splints, and the usual apparatus for dislocated clavicle, a conical pad in the axilla, and the arm bandaged to the side, was put in requisition upon the following day; leeches were applied to the side, which was much discoloured, and as the vital powers continued much below par, he was allowed a light nourishing diet. The accident happened upon the 2nd of August, and matters went as favourably as could be expected until the night of the 5th, when he was attacked with dysentery. The stools consisted of blood and mucus.—There was considerable febrile excitement, restlessness, and peevishness. He had a dose of calomel and opium, followed by a purgative, and that again by an anodyne astringent draught, which had the desired effect. This slight attack caused great debility, and the scalp wound, which had been kindly healing up, assumed an indolent appearance; he had sago, arrow-root, milk, and port-wine, and by the 7th he had plucked up considerably—he never lost spirits, and when scarce able to articulate, he would mutter an oath, and swear that Charlie's day was not come yet. Upon the evening of the 8th, he had another slight attack of bowel complaint, which was removed as in the former instance.—By the 9th the wound in scalp was adherent throughout its whole extent, but he now began to complain very much of the pain in his back; the whole of left side, extending as far as the scrotum, was of a dark mottled colour; over the seat of pain leeches were applied, and in other places a strong anodyne liniment rubbed in.—Up to the 20th, his whole complaints were of the pain in his back and side—he was restless, and could not lie for any time in one position—the heat was very oppressive, and what with these and the mosquitoes, he became very impatient; he persisted in using the fractured arm, and the bandages around clavicle were being constantly disordered.—From the 20th, his improvement was progressive. By the end of the month he was able to sit up for a short time. When we got to sea a cot was provided for him—he still continued to use the splint on his arm, and to retain the pad in the axilla, but from the pain which tying up the fore-arm gave him, it could not be persevered in, and he merely kept the arm in a sling. When the pad was removed, it was found that no union had taken place; the arm was again put up, and continued until the patient was able to walk about. On removing the bandages for a second time, the shoulder immediately fell down, and clavicle became the most projecting point. It was now deemed useless to make any further attempts, as from the nature of such sores, and the advanced age of the patient, there was not the smallest hope of union taking place. The upper motions of the arm are of course greatly impaired, the under are perfect, and the limb a very useful one.—The serious injury inflicted to the soft parts all along the spine and left side had much impaired the strength of these parts, and he continues at times to complain loudly of the weakness in his back; he is still, however, capable of doing duty in his capacity as boatswain's mate, and, notwithstanding frequent exposure to all the vicissitudes of the weather, and that too very badly clad he has never had any ailment, and his looks, are now better than previous to the accident.

The only death which we had on board was that of another old man, but one whose disposition was perfectly the opposite of the "plucky" old fellow whose case I have just been describing. His age was about the same, but his constitution was perfectly shattered; on the outward bound passage he had scarcely done any duty on

account of constitutional asthma which he laboured under, and his legs had been oedematous with patches of ulceration; he recovered so far as to be able to do duty as boatswain's yeoman. By the time we reached Calcutta he was worn to a mere skeleton; he had always an unhealthy sallow look, from having served long abroad; he had no other complaint but of debility, and weighed down with agony and anxiety he wished to die. Upon the day previous to his death diarrhoea came on, under which he sunk.

CURE OF LUXATION OF VERTEBRÆ.

Wryneck from Traumatic Luxation of the second cervical vertebra of seven months standing.—Cure by reduction.

THIS case, which occurred in the private practice of M. GUERIN, surgeon of the orthopedic ward of the *Hospital des Enfants*, in Paris, is one of great practical importance. Although the cause of wryneck was distinctly traced to luxation of the vertebra, it was pronounced to be irremediable by Marjolin and Bouvier, on account of the danger of attempting to reduce a luxation in immediate contact with the spinal marrow; and we know that a child in the hands of Peter Radet died under similar circumstances; yet M. GUERIN, by cautious rotatory movements, repeated for a few days, effected the reduction. As the danger of reducing a luxated vertebra arises from the violence offered to the medulla oblongata, by its prolongation in the act of extending the spinal column, or by its compression, it is obvious, that in cases where by judicious means these perils can be avoided, we have nothing to obstruct the attempt.—The patient was a girl between ten and eleven years of age, who seven months previously fell forwards with her chin on the ground. It was only two days after the accident that the neck became painful, and the head began to bend towards the left side, while the face turned towards the right. The pain in the neck was excruciating for two days; radiating from the upper part of the spine, through the muscles of the neck, and more especially those of the left side. It was on the fifth day that the greatest amount of deformity was suddenly produced. Leeches, cataplasms, and varied antiphlogistic treatment, were tried in vain, and an attempt was made to force the neck into an erect position, and there retained by bandages.—Independently of the curvature in the neck towards the left, there was a second curvature produced of all the dorsal vertebra in a contrary direction; and a third in the loins, reversing that of the dorsal; but the two latter disappeared when the patient was in a recumbent position.—In order to determine the nature of the luxation, the position of the face and head was first noted. The face was turned round towards the right shoulder, it was therefore obvious that the vertebra had rotated in the same direction. The left articular apophysis of the axis had been carried forwards beyond the corresponding process on the left side of the third cervical. This strained rotation of the vertebra would bring its right transverse process outwards, towards the integuments on the right side, and accordingly a long prominence was there found, which, being pressed upon, rotated the vertebra back again. Its spine had been buried in the muscles of the left side by the effect of the luxation, but by pressure on the prominent transverse process, it was brought back into its natural position, although it could not be fixed there, nor could the left transverse apophysis be brought on a level with the other. Here, then,

the reduction was all but effected, even while the examination of the case was in progress; yet, want of care in the investigation by previous surgeons of eminence had led to a belief that the deformity was irremediable. The inclination of the head upon the left side of the neck, from the contraction of the sterno-cleido and other muscles, was also to be combated. "Being convinced," says M. Guerin, "from the different circumstances of the accident and its results, that I had to deal with a muscular and traumatic luxation of the second vertebra on the third, it appeared to me possible to employ for its reduction an inverse proceeding to that by which it had been produced; the luxation was consecutive to the distension of the ligaments and the rupture of the articular surfaces under the influence of the spasmodic contraction of the muscles of the left side of the neck. (?) I thought that by placing the vertebral column and head in a condition where the muscles opposed to those which had effected the luxation could act with more energy than in their anormal condition, I might, by their co-operation, bring back the luxated vertebra. For this purpose, the first indication was to reduce the spasm of the contracted muscles. This I effected by means of friction with emetic tartar ointment on the left side of the neck, assisted by extension with the kneading and percussion of the affected muscles. After some days of this treatment, the inclination of the head had very considerably diminished, although the posterior projection of the second vertebra remained the same. This first result confirmed the idea that the muscular contraction had been the mechanical cause of the luxation, for the attempts at distension occasioned acute pain, and the muscles opposed great resistance to the bringing of the head into its natural position. In five or six days, however, this object was effected.—The next point was to reduce the luxated vertebra. The child was seated in a chair, and the shoulders were fixed in a horizontal position. M. Guerin grasping the middle and projecting part of the curved neck, drew horizontally from right to left, while an assistant lifted up the head, which he cautiously rotated also from right to left. A diminished projection of the transverse process of the second vertebra was evident even from this first attempt. The same manœuvres were cautiously repeated three times daily, for eight days, the patient, in the intervals, being placed on an orthopedic bed, with suitable straps and contrivances for keeping the parts under restraint. At the expiration of the eight days, the vertebra was brought fairly into its natural situation, but would not remain without being confined by mechanical means. After each operation, the projecting apophysis almost entirely disappeared, but returned from the effects of muscular contraction although daily in a less degree. This continual displacement was, doubtless, owing to the fracture of the articular apophysis on the left side, coupled with the great elongation of the capsular and other ligaments. The consecutive treatment consisted of retentive bandages, straps, and other mechanical contrivances. We suspect that M. Guerin mistakes, in ascribing the luxation to the spasmodic contraction of the muscles on the left side, because the rotation of the vertebra and face towards the right could not have been produced by those muscles which bend the head towards the left side. The luxation was, doubtless, instantaneously produced by the fall on the chin, and the very neck subsequently by muscular contraction. The patient seems to have had no very precise recollection upon some points which would throw light on this question.—*Gazette Medicale.*

FOREIGN SOCIETIES.

ACADEMY OF MEDICINE, PARIS.

NOVEMBER 23.

Cases of Popliteal Aneurism, one of which continued after the Ligature of the Femoral Artery, by M. ROUX.—The same operation had been performed three years ago on the femoral artery, at the summit of the inguinal triangle, by Hunter's method, modified by Searpa. Ligatures were applied in two portions of the artery, a roll of diachylon being placed between the ligature and the artery in front, a proceeding which M. Roux invariably adopts. The patient recovered, but an obscure aneurismal tumour remained. The disease having appeared in the other leg, the operation was again performed in every respect like the former one. The pulsation of the popliteal tumour immediately ceased; it diminished in size, and the sensibility of the limb remained entire. On the twelfth day the ligature still embraced the artery; the wound was suppurative and sanguinolent, fever lighted up, and as some apprehension of hemorrhage was entertained, a tourniquet was applied to the thigh. On the nineteenth day, the patient died without any hemorrhage, the ligature being still on the artery.—On *dissection*, both limbs were examined. In that which was operated on, three years previously, the crural artery was perfectly obliterated to the extent of fifty-four millimetres, which, however, did not prevent the reproduction of the popliteal tumour. The pulsations were not indeed strong, and it was suspected during life that the tumour was merely heaved up by an artery beneath it, and that it was not an aneurismal sac. This opinion was erroneous, for the aneurism still existed, and communicated with the popliteal artery, whose calibre was natural and with voluminous arterial branches, belonging to the articulations, which produced a ready communication between the two portions of the artery. The tumour itself had arterial branches, which on injecting the limb had been filled. M. Roux adverted to other cases of the same kind, one of which is now in the ward of M. Breschet, of the Hotel Dieu.—In the limb operated upon nineteen days before the death of the patient, the crural vein contained pus; and it was noted as a remarkable circumstance, that the suppuration was greater below the ligature than above. The viscera, carefully examined, gave no signs of metastatic abscess, as is frequent in phlebitis, but a purulent collection existed in the anterior mediastinum, which the author can neither affirm nor deny to have been produced by absorption from the inflamed vein.

On the Deleterious Influence of Marsh Miasmata.—The inhabitants of marshy countries are generally an inferior race, enfeebled and diminutive. When French conscripts from those parts are marched into other and healthier districts, their health and growth is observed to be improved. In some localities the deaths are one in sixteen from marsh effluvia, whereas in other countries the mortality is one in sixty-two. M. FLEURIAN presented to the Academy a memoir on the means of remedying the insalubrity of the Department of the *Charente inferieure*. Many authors have made comparative analysis of the air of mountains, of air taken at the surface of marshes, also in the midst of hospitals, and even during epidemics of yellow fever, without being able to establish any difference; but in submitting to analysis the air from the surface of marshes after its compression, Rigaud found it to contain animal matter, ammonia, and a carbonate of that alkali; Moseaté discovered putrescible matters in it; Thenard and Dupuytren found flakes of animal matter.—M. Bousingault employed pure sulphuric acid to discover the foreign elements intermixed with air. M. Gasparin perceived that the south winds which prevail at certain periods change the composition of the air, which becomes impregnated with decomposed animal matters.—M. DUPUY expressed his regret that the memoir had not adverted to the mortality of cattle in some marshy countries. He saw 10,000 sheep die in 1812 from disease, occa-

sioned by marsh effluvia.—M. CHEVRIN noticed that intermittents from marsh miasma, in some countries, are more readily cured by combining bleeding with eichona, than by the latter alone.—M. FERRUS remarked, that having been cantoned on both shores of the Dutch river Scheldt, he had much opportunity of noticing the fevers, whether continued or intermittent, arising from marsh miasma. On the left bank were many stagnant pools; intermittent fevers were there present. On the right bank no intermittents were seen, but on the other hand a continued fever of extreme danger. In the latter, notwithstanding their continued type, bark, preceded by bleeding, was the best remedy, but bark alone did not succeed. The marshes on the left bank were at length dried, and the men employed in the work were attacked with the most deadly epidemic disease.—M. ROCHE remarked, that in the draining of a marshy country, a small quantity of sulphate of quinine in the drink of the workmen had preserved them effectually from fever.

Excision of a Hollow Uterine Polypus, by M. DEMAZIERES.—M. VELPEAU, the reporter of this case, considers it to be exceedingly curious on account of the cavity within the polypus, and the adherences of its pedicle to the neck of the uterus, which might easily have occasioned an error in diagnosis. When the reporter was a student at St. Louis, he saw M. Richerand remove a tumour from the vagina, containing a cavity so closely resembling the peritoneal sac of an inverted uterus, that the morbid preparation was about to be sent to the Academy as a womb extracted entire. The woman however died, and was found to have a uterus in the pelvis, perfect in every respect. Another error of the same kind occurred at the *Clinique* of the Faculty in 1824.

New Compressor of the Femoral Artery.—M. VELPEAU made a report upon an instrument for this purpose invented by the surgeon's instrument-maker, Charriere. M. V. considered it to be very ingenious, but he had not tried it on the living subject.

VACANCIES, PROMOTIONS & APPOINTMENTS.

NAVY.—The following Assistant-surgeons, to be Surgeons, warrants to be dated November 4, 1840: William Houghton, Dr. Peter Niddrie, Jos. Plimsoll, Henry Baker, Alfred B. Cutfield. Assistant-surgeons W. M'Dermott, M.D., (additional) to the Caledonia; J. K. Beatty, to the Queen; James Peters, from the Skylark, to the Pluto; R. W. Dalton, from the Serpent, to the Lizard.

CAUTION TO QUACKS.—An inquest was held on Saturday last, on the body of a young woman named Eleanor Hughes, at Carrowkillen, near Killala, before Mr. Atkinson, coroner. It appeared in evidence that the deceased had been dropsical, and was under the care of Dr. Neilson.—Her father having heard that a man named Patrick Bourke was a first rate doctor, who could cure all diseases, applied to him to come and cure his daughter. The doctor came, "tapped" her, and immediately after she died. Constable Richard Morrell, who had been on duty, heard of the transaction, and with his usual activity lost not a moment in making the doctor amenable. Surgeons Neilson and Smith, who made a *post-mortem* examination, deposed that from the unskilful manner in which the operation was performed, one of the arteries of the right side was wounded, and the hemorrhage that ensued was the immediate cause of death. The jury returned a verdict of homicide against the doctor.—*Mayo Constitution.*

RAVAGES OF SMALL-POX.—We recommend to the notice of our readers, the practice of diminishing the suppuration of the pustules, and consequent removal of irritation and irritative fever, by the local application of sulphur ointment to the papulæ, as described in our Number for December 5.

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PROFESSIONAL SKETCHES.

ST. GEORGE'S AND MR. WALKER.

PASSING St. George's Hospital a few days back, Vindex bethought himself that there would be some pleasure in reviving old reminiscences by taking a peep at its interior, and reviewing the scenes from whence he derived the rudiments of professional wisdom. Accordingly, after a strenuous push at the heavy door, he found himself in the hall, and encountered forthwith a face which, albeit not particularly attractive, nor fashioned to make a lasting impression, still held sway over his memory, and giving a sort of galvanic twitch to some *nervi recognoscentes*, immediately conveyed a certain impulse to exclaim, "*En ipsissimus monoculus Robertus!*" There he stood, the one-eyed surgeryman, the Polyphemus of the pile, not a whit altered from what he was some ten years ago, when he used to undertake the duty of tooth-drawer-general for all the dressers who held such pastime inferior to that of exercising their own molars upon a good lunch at "the Turf," in Tattersall's Yard.—Remarking the trifling inroads that that sly thief, Time, had made upon the physiognomy of Robert, Vindex pushed on for the out-patient's room, where the *ci-devant* assistant-surgeon of the hospital, Mr. Walker, not long ago elected full surgeon on the retirement of Sir Benjamin Brodie, was engaged in prescribing for the cure of those ills which the curiosity of a lady—one Mrs. Pandora—is said to have inflicted on the human race.—Certes, the *auri sacra fames*, must have a great effect in detracting from the juvenile appearance of the man who has to work his way in the world; for there stood Robert the surgeryman, whose fixed salary seemed to have stayed the hand of Time, while in close juxta-position was Mr. Walker, whose lineaments, though good-tempered as of yore, still appeared to bear the impress of years gone by and toil endured.

"Eheu! fugares, Posthume, Posthume,
Labatur anni,"

sighed Vindex, as he looked at his old preceptor, and remembered the recent scene in the Hall. He well recollected, too, the time when Mr. Walker first entered upon the duties of assistant-surgeon at St. George's Hospital, and also that his extreme kindness of manner to patients of all classes, at first gave the impression of its being the offspring of a slight degree of affectation adopted for professional purposes; a more intimate acquaintance with him, however, soon corrected this suspicion, and led to the conviction that in his case the *suaviter in modo* was the offspring of natural manner and real good-feeling. As a surgeon for the treatment of disease generally, Mr. Walker is scarcely—perhaps not at all—surpassed by any of the other surgeons of the hospital; as an operator, Mr. Keate is, perhaps, his only

rival. Of considerable quickness in catching the cause of disease, Mr. Walker has also the power of adapting his remedies to each individual case, and of taking in, at one professional glance, the cachectic habit of a patient in a manner which nothing but experience can teach. The countenance, the attitude, and the manner of the sick, are to him indices of various states of body, which though often revealed by trifles, are not the less surely laid open to the surgeon of tact and observation. Mr. Walker is also an excellent oculist, and, during the period of his assistant-surgeonship, the hospital boasted an admirable ophthalmic school, of which he had the entire superintendence.—Mr. Walker is ever most ready to impart his knowledge to any pupil who chooses to propound a question to him, and whom he will also very frequently invite to his house for the purpose of more clearly illustrating his explanations, by designs or works which are in his possession. With the elder pupils, the *habitués* of the place, he ever appears to be more on the footing of a friend than a teacher, and from these a good joke is never unacceptable nor unrequited. In short, he has the good fortune to make himself liked by that very familiarity which would cause others to be treated with disrespect.

A TABLE OF MORTALITY FOR THE METROPOLIS.

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 19th December, 1840:—

Epidemic, endemic, and contagious diseases	194
Diseases of the brain, nerves, and senses	161
Diseases of the lungs, and other organs of respiration	364
Diseases of the heart and blood-vessels	23
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	0
Diseases of uncertain seat	115
Old age, or natural decay	79
Violent deaths	24
Causes not specified	8

Deaths from all causes

1056

NECROLOGY.—On the 12th December, Dr. Esquirol, physician of the Lunatic Asylum at Charenton, terminated his earthly career. This gentleman, born in 1772, was first destined to the priesthood, but the revolution of 1792 induced him to change his profession, and he entered the army of the Pyrenees as *officier de santé*.—A few years afterwards, having proceeded to Paris for the completion of his medical studies, he became the favourite pupil of Pinel, and he was successively appointed physician of the Salpêtrière, Member of the Academy of Medicine, and chief physician of Charenton. He took a prominent part in the editorship of the '*Medicine Clinique*' of Pinel.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE EYE CONTINUED.—CATARACT; CAUSES; TREATMENT.—OPERATIONS OF EXTRACTION, DEPRESSION, AND SOLUTION.

CATARACT.—*Cataract* is a partial, or general, opacity of the crystalline lens, or of its capsule, or of the morgagnian fluid which intervenes between them, or of all these taken together. The existence of the disease, therefore, is denoted by the presence of an opaque substance behind the pupil, and by an impediment to vision corresponding to the degree and to the extent of the opacity. In the circumstances of the opacity behind the pupil, and the impediment to vision, cataract agrees with other affections of the eye; *glaucoma* for instance, which consists in a change of structure in the vitreous humour; also, some cases of *amaurosis*, which are attended with a change in the appearance of the pupil; it is necessary, therefore, to distinguish that kind of opacity which is seated in the crystalline lens, or its capsule, or the morgagnian fluid, from that which may be produced by other diseases of the eye.—The opacity in cataract is situated immediately behind the pupil, or at a very short interval from it. The opaque appearance in the pupil which takes place in *glaucoma*, or in particular cases of *amaurosis*, is deep-seated; it is at the bottom of the globe of the eye. You see the opacity in those cases when you look directly into the pupil, but if you look sideways, you are no longer aware of the circumstance, while in cataract you still see the opacity, whether you look sideways or not; indeed, in *glaucoma* or *amaurosis*, the opacity is situated behind the crystalline lens, therefore it must be a considerable distance behind the pupil. The colour of the opacity in cataract is greyish, whitish, or of a light-yellowish brown, like that of amber; in *glaucoma*, the opaque appearance of the pupil is green—a dull dirty green—a yellowish green, sometimes even a brownish yellow green; and in the case of *amaurosis*, it is either of a dull-leaden, or something of a dark-livid hue, or greenish colour. The tint of colour, however, is not a sufficient distinction between cataract and other affections; it is only a circumstance which will assist you in forming your diagnosis, with some other points. The impediment to vision produced in cataract has a direct ratio to the degree of opacity that is observed; that is, in the commencement of the affection the impediment to vision is inconsiderable, and it becomes more considerable as the disease advances. The impediment to vision, however, never becomes entirely complete in cataract, however dense the opacity may be. If you suppose the lens to be densely opaque throughout, the capsule to be also opaque, and if you suppose, in addition to that, that the pupillary aperture should be closed, still a sufficient quantity of light would pass into the eye to render the patient quite sensible of the difference between light and darkness. The power, therefore, at all events, of distinguishing between light and darkness will be found to exist in cataract, and the presence, at least, of that power is necessary in order to prove that the retina is sensible. If the patient with cataract is unable to distinguish between light and darkness, we then conclude that, with cataract, there is combined *amaurosis*, or insensibility of the optic nerve, and consequently the performance of an operation would be of no use. In the earlier periods of cataract persons are able, sometimes, to read, to discern the figure and colour of objects, and even, sometimes, if the opacity be not very great, though it seems to occupy the whole of the pupil, the power of distinguishing large objects and colours still remains. Cataract is very often

developed at first in the centre of the pupil, and then gradually extends to the circumference, so that you may have the central part of the pupil opaque, while the circumference remains transparent. Under such circumstances, the patient would be able to see well in a weak light when the pupil is dilated; while in a strong light, that is, when the pupil is contracted, he can hardly distinguish objects at all. I have seen a patient, while the face was turned towards the window, scarcely able to distinguish objects, while, when his back was turned to the window, he was able to read large print. Even when the cataract is complete, and the whole of the pupil is occupied by opacity, that opacity is most dense in the centre, and less so in the circumference, because the crystalline lens is thickest in its centre, and thinnest towards its margin; hence a patient, with cataract, can always see better when in a weak than in a strong light, because in the latter case the pupil is contracted, while in the former it is dilated. For the same reason cataract patients see better at dusk than in the strong light of the day. They also have vision considerably improved by dilatation of the pupil, by the use of belladonna, because that uncovers the apparently transparent circumference of the crystalline lens. In glaucoma and amaurosis, the degree of impediment to vision bears no direct relation to the appearance of the pupil, that is, when the opacity which you observe deep in the bottom of the eye is inconsiderable, you very commonly find vision very seriously impaired; you find the degree of injury to the sight much more considerable than could be produced simply by the opacity in the pupillary aperture, so that you conclude, very safely, that the state of vision depends rather on some alteration in the condition of the nerve than in the impediment which the opaque substance offers to the transmission of light.—A patient with cataract finds his sight impaired in this way; it appears as if a cloud, or a mist, were interposed between him and the objects he looks at; and this cloud, or mist, gradually increases in thickness, until the objects are completely concealed. In the case of amaurosis, very often vision is altered quite in another way. Now a cataract patient, for example, will see the flame of a lighted candle as if there was a cloud, or mist, about it, while a patient with amaurosis will, probably, see it confused, and spreading out into rays—altered in that kind of way.—Taking cataract as a genus of disease, we find that it may be divided into a great number of species; that is, that cataracts differ very much from each other in different instances, and, in fact, these differences are of importance, for they often lead to important differences in the mode of treating the complaint. We distinguish cataract, in the first instance, according to the part in which it is situated; hence the distinction of *lenticular*, *capsular*, and *capsulo-lenticular* cataract (in which both the capsule and the lens are involved in the disease), and the *morgagnian* cataract, in which it resides in the morgagnian fluid. Now, respecting the latter, it must be considered almost a doubtful case, whether such a cataract exists or not; and, indeed, we can hardly suppose the morgagnian fluid to be materially altered without a corresponding change taking place in the lens, therefore I am almost inclined to leave that out of the enumeration of cataracts altogether; at all events, we may leave it out for all practical purposes.—Lenticular cataract may vary considerably in degree and consistency, and these differences are attended with different appearances of opacity. In the first place, there is *hard* or *firm* cataract—a state of the lens in which it has not only lost its transparency, but acquired a firmer consistence than it naturally has. This is the ordinary cataract of elderly persons. The colour of this cataract is that kind of light-yellow brown which is called amber colour, and the tint and colour are deeper in proportion as the consistence of the cataract is more firm; sometimes you may have it even of a still deeper colour, and then the cataract is very hard; generally speaking, however, it has more of the lighter cast, which distinguishes amber. The opacity in this case commences in the nucleus of the lens, and gradually extends to the circumference; therefore, in the beginning, although you can see that the lens is opaque, the

patient can usually see very well, when the light to which the eye is exposed is not very strong; and sometimes, as the lens is generally rather diminished in size when thus barded, the lenticular cataract appears to be situated at some little distance behind the pupil, more particularly if the capsule be transparent when there is a recognisable distance between them, and the iris moves very freely. Indeed I should have mentioned, that in cataract generally, if it be unattended with any other affection, that is, if the cataract is simply of the lens and its capsule, the iris moves as freely as it does in the healthy condition of the eye. I have already mentioned that a sufficient quantity of light passes through the lens to make an impression on the retina, so as to make a difference between light and darkness, and as much light will pass through it as will be necessary to cause a contraction or dilatation of the pupil, and in the case of firm lenticular cataract, you will see that the iris will move quite as briskly as in the natural condition of the organ.—Lenticular cataract may be *soft*; that is, the consistence of it may be such as is about natural, or it may be softer; it may be of the consistence of cheese or jelly—caseous or gelatinous cataract; or it may be even so altered in its substance as to be reduced to a thin fluid, like milk, and in this state when dilated, the opaque substance appears to the eye to have a kind of gelatinous or jelly-like consistence. Soft cataracts are larger in bulk than hard cataracts; indeed, as in the hard cataract the bulk of the lens is lessened, so in soft cataract it is rather augmented; you will find such cataracts come very near to the pupil, and occasionally even project into the pupillary aperture. In such cataracts, as the quantity of opaque substance is larger, the impediment to vision is more considerable, so that persons are not so well able to distinguish colours, and so forth, when affected with soft, as when affected with firm lenticular cataract. In capsular cataract, you can distinguish clearly by the eye the difference in the texture of the opaque substance. In capsular cataract, it is a dense smooth membrane that is rendered opaque; a something very different from the soft fluid or jelly-like substance of the lens; so that when you look at it, you find that it is quite of a smooth and glistening appearance, something like the streaks which you see in the fractures of spermaceti, for instance. In this case, also, the opaque body is situated close to the edge of the pupil. It is so far forwards, that you see it when you look at the eye very obliquely, and it sometimes, as I have already stated, actually bulges into the aperture of the pupil. Now we are not much in the habit of seeing opacity of the capsule, without opacity also of the lens; and we see, if from any cause the capsule becomes opaque, that the lens also will sooner or later become so. It is not very uncommon to see the capsule first becoming opaque, and after a short time the lens becoming opaque also. We have not in any case, practically speaking, to deal with the capsule alone, the lens being transparent. Whenever the former comes into a situation to require an operation, the affection is clearly of both; and a great many cases are of this kind. Very commonly, also, when you have lenticular cataract, there is conjoined with it an opaque state of the capsule.—Capsulo-lenticular cataract is generally of a very considerable bulk, for the capsule not only loses its transparency, but it appears to thicken and swell, so that these cataracts are voluminous, pressing forward the iris, sometimes so large as to push the iris almost into contact with the cornea. Under such circumstances, the cataract mechanically interferes with the motions of the iris, the motions of which are in consequence rendered sluggish. You may find that the pupil hardly moves on varying the quantity of light which the eye is exposed to, and if you were not to look attentively to the points I have adverted to, you might suppose this sluggishness of the iris proceeded from the insensible state of the retina.—Cataract sometimes occupies only a part of the pupil, and not the whole. There are some uncommon cases in which the central portion of the lens is opaque, and the circumference is quite transparent; this is one form of congenital cataract, and in that case the pupil is not circular. In congenital cataract, also, there are portions of

the lens opaque, with other nearly transparent portions intervening.—I have observed that we do not often find capsular cataract without opacity of the lens. Now capsular cataract sometimes exists after a lenticular cataract has been removed. An opaque lens may be removed or taken away by absorption, and a capsular cataract may be left. In such a case, if the opaque body is merely a thin layer of the capsule, of course it cannot at all press against the iris; it is small in size, and the anterior chamber is usually very large.—Cataract may occur at all ages; sometimes it exists at the time of birth—is congenital; or it may take place at any period; it is most frequently, however, observed to take place after the middle period of life.—Cataract varies in its consistence, as I have already mentioned. You never find a hard cataract in young subjects. The lens in cases of congenital cataract, or in cataracts that occur in persons before the period of puberty, is usually soft; at all events its consistence does not exceed the natural consistence of the organ; hard cataracts are found in elderly subjects; soft ones, however, sometimes occur in them, though you never have the opaque lens hard in the young subject. Cataracts differ by being either simple or complicated; in the former case, the affection consists merely in the alteration I have mentioned in the lens or its capsule; in the latter there are, at the same time, other affections of the eye. When the cataract is *simple*, you then find that the retina possesses its natural sensibility; you find that the iris performs its regular motions, and that the pupil consequently exhibits those changes which the variations in the quantity of light ordinarily produce. If cataract is complicated with amaurosis, then you will find, probably, that the patient has no perception whatever of light, that the iris is motionless, and that the pupil remains permanently in one state. Cataract may be complicated with glaucoma, and the history of the case will generally throw light both upon this complication and that of amaurosis; the circumstances under which the disease has arisen, will point out to you pretty clearly, if you examine them accurately, whether the case be one of simple cataract, or presents either of these complications. Glaucoma, the disease I have already described, consisting in either acute or chronic inflammation of the vitreous humour, produces in the end opacity of the lens. At first, the change which is seen in the pupil, depends merely on the alteration in the condition of the vitreous humour, but after a certain time the lens participates in that change, and becomes converted into a dirty white, or greenish cataract; and such cataracts are called *glaucomatous cataracts*, the hue of them differing materially from the hue which we distinguish in the simple cataract I have already described. These glaucomatous changes of the lens are also attended with other changes and other appearances of the eye, which materially assist in distinguishing the nature of the complaint. In those cases the lens is very commonly pushed forwards into the pupillary aperture, sometimes quite jammed against it, and sometimes protruded against the surface of the cornea. The iris is altered, having a dull leaden tint; the pupil is dilated, the cornea is dull and heavy, something like a dead person's, and the external vessels are very commonly knotted and enlarged like varicose veins. Such a combination of circumstances points out that the cataract is merely one of an extensive series of changes affecting the organ of vision.

Causes.—Cataract may be produced by a wound of the crystalline lens, or of the capsule. Whenever either of these parts is wounded, however slight or inconsiderable the wound may be, opacity of the lens is the consequence. If you merely puncture the capsule with a fine needle, it will become opaque. Wounds which penetrate the lens, or the capsule, generally are attended with a good deal of inflammation, so that usually the capsule becomes opaque as well as the lens, and, under this change, the latter naturally undergoes absorption. The effect of such wounds is, first, to render the lens opaque, and then to lead to its absorption, so that in progress of time, and without any operation, you will have the lens, which has been rendered opaque by a puncture, removed

by absorption, the opaque capsule being commonly left behind. The lens and capsule may be rendered opaque by inflammation; and internal inflammation of the eye, if not arrested, will generally produce this effect. Such cataracts are usually attended with attachment of the margin of the pupil to the capsule of the lens. Occasionally cataracts form under circumstances in which there are symptoms of congestion and of determination of blood to the eye and head—uneasy sensations about those parts; and this is particularly the case with the capsulo-lenticular cataracts of the soft kind. In a great number of instances, however, cataract takes place under circumstances which do not enable us to discern its immediate cause, so that we can by no means say that opacity of the lens and capsule is generally a consequence of inflammation. The analogy, indeed, between the changes that occur in the transparent parts of the eye, and those that take place in consequence of inflammation of other parts of the body, might lead us *a priori*, to suppose that this would be the cause; but, in the instance of cataracts which occur in elderly persons, we see them taking place in individuals in the most perfect health, and without any other change whatever in the appearance of the eye, or any visible derangement in the vascular state of the organ, the alteration being simply the loss of transparency in the lens and capsule, and we really cannot, in those cases, say what the immediate cause of the change is, or point out clearly the nature of the affection.

TREATMENT.—The opacity of the lens or capsule does not admit of being altered in any degree, much less of being removed by any kind of external application to the eye, or by any species of internal treatment. All local applications and internal remedies are inefficacious in the treatment of cataract, except, indeed, so far as may relate to some particular symptoms connected with it; but we do not know of any application, or of any kind of treatment that is capable of diminishing the opacity of the lens or capsule, much less of removing it entirely. We necessarily come then to the performance of a surgical operation, for the purpose of getting rid of the opaque substance which is situated in the axis of vision. For a long period the operation performed for this purpose consisted in pushing the lens downwards, so as to place it below the inferior border of the pupil, into the vitreous humour. An instrument was carried into the eye at its outer side, placed on the upper part of the lens, which was thus pushed downwards, so as to place it below the pupil into the vitreous humour, and that operation was termed the operation of *depressing or couching the cataract*. This was the operation performed from a very early period of the surgical art, and until about the middle of the last century, when another operation was introduced, which consisted in making a division of the cornea sufficiently large for the lens to pass out through it—in dividing the capsule of the lens, so as to allow the lens to escape, and then squeezing it out through the pupil, and letting it escape at the wound in the cornea. In this mode of performing the operation, the lens is actually taken away from the interior of the globe of the eye, and this is termed the operation of *extraction*.—A third mode of operating consists in wounding the lens and capsule, leaving the lens in its situation in the eye to be removed by the process of absorption, which I have already mentioned invariably takes place after a penetrating wound of this kind; this has been called the operation by *solution or absorption*, where the lens is not pushed out of its situation, but where its substance is wounded, so that it is afterwards removed by the absorbents from the interior of the eye.—This last operation has been performed in more than one mode, either by introducing the instrument by which the breaking up of the lens is effected, in the same way and at the same point as it is introduced in the operation of depression, viz., behind the iris, or by carrying it into the eye through the cornea and pupil, that is, in front. The latter has been called the *anterior* operation, the former the *posterior* operation.—Before you proceed to the performance of any kind of operation whatever, it is necessary that you should carefully prepare the patient for it; that

you should take care that the patient be in a good state of health at the time of performing it, and in a state in which there may be no risk of inflammation from the operation. The principal cause of failure in the operation for cataract is the occurrence of inflammation in consequence of the operation, which is to be regarded as a serious one, for it produces a penetrating wound of the globe of the eye, extending into the interior of the organ; and when inflammation comes on as the result of that operation, it is an inflammation involving the internal parts of the eye; and if it be considerable, the consequences are likely to be serious. You must take care, therefore, to have the patient in such a state, that inflammation will not be likely to ensue from the operation. In a doubtful case—that is, where you are uncertain whether the retina may possess its due sensibility, or where, from the age or state of health of the patient, you entertain doubts whether the operation will be attended with a successful result, you must proceed very cautiously, and perhaps be contented rather with employing palliative measures (such as the circumstances may admit of) than run the risk of losing, by the operation, that small degree of sight which the patient may possess. The dilatation of the pupil, by the employment of belladonna, often improves vision considerably under these circumstances; and if a person possesses an imperfect degree of sight, it will be better that he should be contented with the palliative relief which this remedy affords than run the risk of having vision entirely destroyed. It is true he may not see much; but if he sees very little, he will hardly be willing to lose even that little by the operation.—In the first place, I will show you the operation by extraction. A great variety of instruments have been employed for the performance of this, and of the other operations upon the eye. The truth is, that in the performance of the operation of extraction particularly there are considerable difficulties, especially in certain parts of the operation—difficulties that can only be surmounted by considerable practice, so that this is not an operation that is performed by medical practitioners in general; it does not often happen to practitioners to have a sufficient number of operations of this sort to perform, to enable them to acquire the necessary dexterity for performing it well. It is not necessary for me to enter into a description of the various knives that are used in performing the operation, it is sufficient for me to mention what I think the best, and that is a knife of the triangular shape which I now show you, and which is commonly known as *Beer's knife*. It is sharp-pointed, the basis of the triangle being towards the handle, and the two edges converging to the apex or point.—The object you have in view in the extraction of cataract is to make an opening in the cornea, large enough to allow the lens to pass out, and for this purpose you find it necessary to divide about one-half of the cornea. The circular line which I now draw upon this board represents the cornea, and the line which I have drawn within it, at the lower part, represents the extent of the cornea to be divided. You divide half of this membrane, carrying the incision near to the circumference of the cornea, that is, near to the point where it joins the sclerótica. I have here made the representation as if the section were to be made at the inferior half of the cornea; but it may also be made in the superior half. There is this advantage in dividing the superior half, that it enables you to operate on the patient's right eye with the right hand; for if you divide the lower half of the right eye, then you must divide it with the left hand. In whichever part it is divided, you must get sufficient space for the removal of the lens. The chief object, whether the division be of the inferior or superior, or lateral half, is, that the opening may be sufficiently large to allow the easy escape of the lens from the eye. You must have the patient seated before you; place yourself on a seat opposite him, of such a height as to give you a free use of both hands; the upper eyelid must then be raised by the assistant, standing behind the patient, while you depress the lower eyelid with the fingers of the left-hand, holding the knife in the right. At the same time that you depress the lower eyelid with the fingers of the left-hand, you

can sufficiently steady the globe of the eye to prevent it from rolling about when touched with the knife, and this is an important point. If you were to leave the globe at liberty, when you touched it with the knife, it would immediately turn inwards; you must, therefore, fix it, and you can fix it quite steadily (giving the patient very little pain), by just applying the ends of the two fingers against the surface of the conjunctiva, which gives you the complete power of fixing the globe. The operation, we may say, consists of *four* parts. You first carry the knife through the cornea, beginning on the temporal side of the eye; in doing this you must carry the blade parallel to the iris, for if you hold it obliquely, it may pass through the cornea without going into the anterior chamber. The second part consists in carrying the instrument steadily across the eye, with the flat surface parallel to the iris; it thus passes out of the anterior chamber, opposite to the point where it entered, which is the third step; its breadth being such, that in doing this it cuts through the inferior part of the cornea sufficiently; or if you find that it passes without dividing the inferior part of the cornea, you may give it a gentle movement downwards. You must not do this very rapidly, for you will recollect, that the muscles are in a state of spasm, and may force out the lens, and perhaps the vitreous humour at the same time, if you make the division very rapidly or forcibly. Carry in the knife on the temporal side, and bring it out on the opposite side in front of the iris; then, having done this, you have nothing further to do than merely to push the knife straight on, and its breadth is sufficient to divide the confined part of the cornea. When you have made this incision, and let out the aqueous humour (for the aqueous humour flows out of course when the cornea is thus freely divided), then you must make an opening in the capsule of the lens, in order to let the lens out, and this is done by a small instrument, called a *curette*, sometimes made of gold, with a cutting edge, and which you introduce carefully under the flap of the cornea, and carry through the pupillary opening, and by pressing it and moving it gently backwards and forwards it divides the capsule of the lens. Introduce the curette with the convexity towards the edge of the cornea, so that it may not hitch in the cornea or iris. Now that the cornea has been divided, and the capsule opened, the lens will escape with the greatest ease.—When you compare the size of the lens with the size of the pupil, you would suppose that the lens would not easily pass through the pupillary aperture; however, the iris is very extensible, and gives way to the passage of the lens; it seems as if it would be torn by it, but it is not; it allows the lens to come out, and then contracts. After this part of the operation, you allow the patient to rest a little, and then take the opposite end of the curette, which consists of a small silver spoon, and press the upper eyelid with it, while you have your fingers on the lower part. The lens now passes out, and the flap of the cornea will fall down, and subsequently unite by adhesion, just as a simple incised wound will unite in any other part of the body. After the lens has escaped in this way, and the flap of the cornea falls down into its proper situation, nothing is wanting in the nature of adjustment, for if the operation is well performed the eye becomes adjusted of itself, the pupil contracts, the flap of the cornea is laid over it, and the patient is directed gently to close the eyelids as if asleep; after this place a thin, soft rag, dipped in water, over the eye, confining it loosely by a single turn of bandage fastened to the night-cap; then let the patient go to bed, keep himself perfectly quiet, take only spare diet, and adopt all means to prevent inflammation. Under favourable circumstances the cornea becomes adherent in about twenty-four hours, and in the course of three or four days, perhaps, the patient will leave his bed. It is not necessary that he should keep in bed longer, and in a few days more he is able to open the eye, which hardly shows any trace of the operation, except the absence of the opaque substance. In the case of a young or robust subject, it is expedient to take blood from the arm either the morning before you perform the operation, or after it, in the evening of the same day. There

may be some cases in which this may not be required, but if you consider what is necessary to be done in the case of a wound of the eye, you would do this as a measure of precaution. I think it, indeed, right to do the same in this case as I should do in the case of an accidental wound of the eye, unless there should be some particular circumstance rendering it unadvisable, and therefore I am in the habit of taking blood from the arm either in the morning before the operation, or in the evening after it, and this becomes more particularly necessary if pain, uneasiness, or any symptoms indicating the occurrence of inflammation, should present themselves; and you must watch the patient very closely for the first two or three days, in order to anticipate the occurrence of inflammation, by the active antiphlogistic treatment.

The operation of **COUCHING**, or **DEPRESSION**, is exceedingly simple, consisting chiefly in carrying a needle behind the iris, introducing it about two lines behind the edge of the cornea, and pressing it forwards into the pupillary aperture, so that you can see it enter. Where I am now pointing to in this diagram is about the situation to which you push it forward; you then push the lens downwards to about the middle of the globe; you introduce the needle here a little beyond the middle. You must of course carefully compare the length of your instrument with the size of the globe of the eye; you must also consider that you have not much space to push the lens down into, and that all you have to do is (using the instrument as the lever, the fulcrum being the point at which it has gone through the coats of the eye), to push its point downwards and a little backwards, until the upper edge of the opaque lens is below the middle of the globe; if you push it deeply down you may press it against the retina, and probably produce amaurosis. After thus pushing it down, you gently elevate the needle, in order to see whether the lens remain there—to see that it does not rise again, for sometimes when the lens is pressed down in the operation for cataract it rises again; you push it down, I repeat, hold it a little in that situation, and when you see that it is sufficiently impacted in the vitreous humour, you draw the needle out of the eye. The idea which was formerly entertained of the physiology of the absorbents was not a very clear one, so that it was supposed that the lens remained in this way in the vitreous humour, and was liable to rise again at any time that any particular motion of the head, for instance, might throw it from its new position into its old one; it is now, however, ascertained, that it is entirely taken up by the absorbents, so that eventually depression, like extraction, removes the lens from the eye altogether. In the operation by solution, or absorption, you introduce the needle as you would do in the operation of depression; in the case of a soft lens, you move the needle a little about in the substance of the lens, and freely lacerate the anterior portion of the capsule, by which means the aqueous humour has access to the substance of the cataract, and under these circumstances it is found that the lens is slowly removed by absorption. This operation very frequently requires repetition; the process of absorption does not go on so fast as we wish; there may be some opaque portion left behind, and it is a particular advantage of operating with the needle in this way, that you can repeat the operation over and over again without doing much mischief to the eye. In the operation of extraction, the mischief is considerable if inflammation comes on, for the sight is lost, and you have not an opportunity of finishing what might otherwise be done afterwards; but the operation I have now described is very simple, and though it may be necessary to repeat it even three or four times, you at last remove the cataract without injury; you must, however, be cautious in doing this, so as to avoid anything that may cause amaurosis, and be particularly careful not to dislocate the lens, or displace it from its natural connexions with the iris and vitreous humour, for if you put it into a situation to press against the iris, inflammation of a serious kind will be the result. I consider the best mode of performing the operation by solution to be, by introducing the needle behind the iris; when you introduce the

needle through the cornea, the escape of aqueous humour presses the needle against the iris, and interferes a good deal with the performance of the operation; it is by no means so eligible as the other mode of performing it.

The three operations I have now mentioned, that is, the operation of extraction, of depression, and of solution, are each of them applicable to certain cases of cataract; we cannot, therefore, say that cataract should be always treated by one or the other of those operations, and it is a foolish question to ask, whether extraction is preferable to depression, or whether depression is preferable to solution; each of them is preferable in certain particular instances, and we must endeavour to ascertain, before operating, the nature of the cataract, in order that we may determine which of these proceedings may be most advantageously employed. The operation of extraction is best suited to cases of hard cataract, because these are absorbed with the greatest difficulty; you remove the cataract in these cases, by extraction, entirely from the eye, and therefore all the long process of absorption is got rid of. In the hard cataract, therefore, of old persons, which form the largest number of cases, I consider the operation by extraction the best; but I should observe to you, that this operation can only be done by persons who possess a certain degree of manual dexterity, which can only be acquired, in the first place, by repeatedly doing it on the eye of the dead subject, and then on the eye of the living; it is really not an operation the ability to perform which can be acquired without having had the means of doing it a good many times. The operation of depression is suitable to those cases of hard cataracts in which extraction is not deemed advisable, and where the eye is deep-seated—where the eyebrow is considerably overhanging the eye—where the aperture of the eyelids is small—where you cannot get a free exposure of the pupillary aperture, or where you cannot sufficiently trust your own dexterity. The operation by solution is particularly applicable to cases of soft cataract; it is applicable to cases of cataract in young subjects, which are always soft; and here I may mention to you, that in cases of *congenital* cataract, that is, those cataracts which exist at the time of birth, or those which are observed within a short period after birth (for we are not sure that in all those cases which are called congenital the cataract strictly exists at the time of birth), in all those cases it is best to operate early—a month, six weeks, or two months from birth, and as the cataract is always soft, to use the needle, introducing it behind the iris, freely dividing and breaking up the opaque body and lacerating the capsule. At this time of life inflammation is not easily excited. Unless the operation is injudiciously performed, no inflammation results from it. Inasmuch as the aperture is small, and it is necessary to get a good exposure of the eye, you find it necessary to fix the globe. The instrument for this purpose may be held by an assistant, or by the finger of one hand while operating with the other; in other respects the operation on the infant is the same as that in the adult.—When the opaque lens is got rid of, whether by the one or the other operation, patients who recover vision find it necessary to use spectacles. The lens is an important part of the apparatus for refracting the rays of light, and when it is lost you must supply the deficiency by optical means; and there are strongly convex glasses, called *cataract glasses*, which are necessary for patients who have undergone the operation. Although, therefore, vision is often recovered to a considerable extent by this operation, the aid that is to be afforded by those glasses is still required; and as the eye, after the operation, does not possess the same accommodating power that it had before, the patient finds it necessary to have glasses of two kinds, one pair more convex for near objects, to use for instance in reading or writing, and one pair less convex, which he uses for looking at distant objects.

Mr. Meredith has been elected house-surgeon to the South Infirmary, Cork, in room of Dr. McEvers, resigned. The other candidates were Drs. Powell and Babington.

NEW METHOD OF OPERATING SECONDARY CAPSULAR CATARACTS BY EXTRACTION THROUGH THE SCLEROTIC.

DR. SICHEL, an eminent oculist in the French metropolis, reports in the *Gazette des Hôpitaux* some valuable cases illustrating the new method. The secondary capsular cataract, as everybody knows, is a frequent consequence of the operation, whether by extraction or depression; for in the former case the membrane of the lens may be left behind, and in the latter the substance only of the lens may be depressed and absorbed, while the membrane remains, and if not opaque at the time of depression it subsequently becomes so, and by its floating in the axis of the pupil, becomes an impediment to vision. The extraction of cataract by the sclerotica, recommended by B. Bell and others, has not maintained its ground, owing, as Dr. Sichel thinks, to the defective mode of making the incision *vertically*. The consequence of this direction of the incision would be the undue enlargement of the wound by the contraction of the rectus muscle, and the same contraction, by its pressure on the eyeball, might be expected to force out the humours. These circumstances increase the chances of inflammation and suppuration within the eye.—The difficulties in question, and other difficulties also, would be removed by making the incision *transversely, and at the upper external angle of the eye*, near the cornea, and the author confines the sclerotic operation only to cases where the impediment to vision is purely membranous.

CASE.—*Capsulo-lenticular Cataract depressed—Secondary Capsular Cataract in completely depressed and still floating in the Axis of Vision—Extraction by the Sclerotica.* The surface of the capsule was studded with cretaceous points. On depressing the lens a white liquid escaped, and half filled the anterior chamber in form of *hypopion*. The capsule was then detached from its posterior adherences, and depressed, but being strongly adherent below it continually rose like a valve in the axis of vision, notwithstanding repeated attempts to depress it, and the patient beginning to suffer pain, it was thought expedient to terminate the operation, leaving the membrane in occupation of the lower half of the pupil.—The attempt to dislodge the capsule produced considerable pain and inflammation, notwithstanding a copious bleeding, and the continual application of refrigerant lotion to the eye. On the following day, the iris, naturally blue, had become grey and dull; the pupil was largely dilated. Bleeding was repeated; frictions of mercurial ointment and laudanum were employed, and calomel with opium was administered throughout the day. By this treatment the pains abated, but the mercurials were not suspended until the mouth became affected.—On the eighth day after the attempt at depression the pupil was still largely dilated, the capsule filled the inferior external third of it, and seemed adherent. The internal inflammation had gradually abated, when a catarrhal conjunctivitis, with granulations arose, and required the application of sulphate of copper. The pupil was still dilated, although it contracted a little. Vision was not greatly impeded, and the patient, at the expiration of seven weeks, left the hospital in which she had been treated.—About two months afterwards, the eye being quite free from inflammation, a second attempt at depression was made. The capsule was easily detached, and pushed towards the inner side, it was perceived that the portion placed behind the inferior external margin of the iris was the superior part of the capsule folded and depressed, but it was con-

nected with the upper and external part of the pupil by numerous transparent filaments. It was impossible to detach it completely, and it invariably returned when the pressure of the needle was removed. The bleeding was renewed, and frictions of mercurial ointment with belladonna were applied. On the following morning the patient was free from the pain resulting from the operation, the pupil was large, and as the capsule still floated, producing an unpleasant appearance, it was determined to extract it about six weeks afterwards, through the upper external part of the sclerotic. The incision was made with the lanceolated cornea knife, *transversely*, about five millimetres in length, in the superior external part of the sclerotic. The forceps employed to seize the membrane were of *extreme tenuity*, for otherwise the incision would require to be made larger, which might be a cause of danger where none would otherwise exist. Some little difficulty was experienced in seizing the membrane; in the effort to seize it the aqueous humour escaped. When the capsule was included between the points of the forceps it was readily extracted. The eyelids were then closed for a few minutes, after which the conjunctiva was found to have completely covered the wound in the sclerotic. The sight was perfectly restored.

NEW AND EFFICACIOUS TREATMENT OF SMALL-POX.

M. CHOMEL—HOTEL DIEU.

WE have, on more occasions than one, directed attention to the effectual mode of combating small-pox in its confluent form, by local applications to the *papule*, *immediately on their appearance*, by which means all source of irritative fever is destroyed, and the disease is at once subdued. We avail ourselves of a clinical lecture of M. CHOMEL on this subject, to bring the facts again before the public, which cannot fail to be acceptable at a moment when hundreds of persons are the daily victims of this inexorable scourge. The patient which formed the subject of this lecture was seized on the 9th of December, with acute pains in the loins, stomach, and head, with vomitings of yellow bilious matter. The eruption appeared on the 12th, when the pains in the loins ceased, but the headache continued. On the third day of the eruption, the whole body was covered with it in a confluent form, the cavity of the mouth, the palatine vault, and the pharynx not being exempted. There was a purulent discharge from the eyes. The patient had been brought to bed three months previously; her menstruation had now returned for the first time, and M. CHOMEL remarked, that the *reappearance* of the menstrual discharge in the phlegmasiæ was in general a bad sign. The only point insisted upon in the treatment was the application of the *Emplastrum de Vigo cum Mercurio to the pustules*, which M. CHOMEL affirmed he had frequently used with success. As the plaster could not be applied to the hairy scalp, which was covered with pustules, the mercurial ointment was recommended for that part.

The practitioner will bear in mind that these remedies are in use for the purpose of "killing the pustules," as the French say, "*juguler*." The one is nitrate of silver; the second is sulphur ointment; and the third the mercurial plaster. As the nitrate of silver is in less general use, from the inconvenience of cauterizing each pustule, or papula, separately, it may be well to substitute for it a liquid solution of silver in nitric acid, which should be applied by a little mop of cotton, affixed to a camel's hair pencil, stick, or even a skewer. Perhaps a solution of

nitrate of mercury, or an ointment of the same might be useful. Our article "Foreign Journals," for the ensuing number, will contain some reflections of the *Gazette des Hopitaux* in favour of the practice here recommended, together with practical observations on the *early* period at which the plaster should be applied, to ensure success, about which some doubts still exist. In the case of M. CHOMEL's patient, the pustules are already formed. M. BRIQUET denies the efficacy of the treatment at this stage. We hope to be able to report the termination of this case.

HERNIA OF A PREGNANT UTERUS THROUGH THE INGUINAL CANAL.

CÆSAREAN SECTION.—RECOVERY OF THE MOTHER AND CHILD. BY M. LEDESMA, OF SALAMANCA.

IF this case be accurately reported, as to the presence of the *souffle placentaire* on the *left* of the uterus, it will serve as a complete refutation of M. Bouillaud's opinion, that the uterine or placental bellows' sound arises from the compression which the pregnant uterus exercises upon the hypogastric or *external* iliac arteries. The pregnant uterus had passed through the *right* inguinal ring, while the placental sound was heard on the *left* of the displaced viscus. The patient was pregnant with her seventh child, and had laboured under an inguinal enterocele on the right side, even before her marriage. When three months gone with her seventh child, she suddenly felt a dragging pain in the left side of the belly, and at the same time the uterus made its way through the ring, which had been the seat of the hernia on the right side. It was hard and painful on pressure; she frequently attempted its reduction, but in vain. Seven weeks afterwards, she felt manifest foetal movements in it. It was fluctuating, and extended 22 inches down the thigh, and was 25 in circumference. On displacing its liquid contents, a hard body was felt, which was moveable in the liquid. No neck of the uterus was perceived with vagina. At 7 months, the stethoscope permitted the auscultation of the double pulsations of the foetal heart, and the *souffle placentaire*, which were perfectly distinct, on account of the superficial position of the uterus. M. Ledesma, from the sound being on the left and in front, inferred that the attachment of the placenta was at that part. *The sound was circumscribed*, which seems to refute another opinion that it does not arise from the circulation between the placenta and uterus, but from the general increased vascularity of the organ itself. Hysterotomy (Cæsarean section), was performed as soon as labour pains occurred, and the child was extracted alive. Care was taken to make the incision at the part where the placenta was judged to be absent. The head of the foetus was towards the os tincæ. The placenta was inserted where the sound was heard. The operator had designed to study the placenta sound after opening the uterus, in order to determine the disputed point as to its origin, but in his hurry to complete the operation, he omitted to make the necessary observations. The patient was placed in a warm-bath to promote the uterine contractions, which arrested hæmorrhage. Five days afterwards, the lochiæ resumed their natural passage through the vagina. The child was quite well a month after delivery, but eventually died.

The *circumscribed* sound which was heard in this case precisely over the spot where the placenta was discovered to be fixed, seems to prove it to be occasioned by the circulation between the uterus and placenta. *How, then, are we to*

account for an affirmation of M. Jacquemier, that a marked bellows' sound was heard in three women who were delivered of children in a state of putrefaction, and whose placentæ were impervious to circulation, in consequence of their vessels being plugged by thick, coagulated blood already verging on decomposition.*

M. Paul Dubois, the professor of clinics at the *Maternité*, attempts the explanation, when he maintains that the sound is in the vessels of the uterus; and as the increased vascularity is chiefly remarkable at the part to which the placenta is attached, the sound would be stronger and more distinct—nay, commonly heard in that part alone. The sound, says he, continues after the death of the child, because that event does not change the vascular state and pulsation by which it is produced. It is also heard in case of tumours within the womb.—*Gaz. Med.*

HOSPITAL REPORTS.

HOTEL DIEU.—M. CHOMEL.

Pneumo-Thorax.—Accumulation of air in the cavity of the pleura, remarked M. CHOMEL, is an affection rarely met with; it is more frequently produced by pulmonary phthisis, and would be more common if the inflammation of the substance of the lungs did not produce adhesions of the pleura. The subject of this case, on her admission to the hospital, had tubercles not only in the lungs, but in the larynx. A cavern in the summit of the *left* lung was discovered by auscultation and percussion. The symptoms were hectic fever, night-sweats, constant diarrhœa, emaciation. Soon afterwards she was seized with a sudden pain in the upper part of the *right* lung, (where the cavern did not exist,) which was followed by intense dyspnœa. The pulse beat 132, and the respiration was 56 in a minute. Percussion gave a tympanitic sound all throughout the right side of the chest, and auscultation revealed the metallic tinkling. During the night she experienced great oppression, which, together with the dyspnœa was somewhat relieved in the morning, and the resonance was less marked. There was complete absence of respiration on the right side, and it was puerile or strong on the left. The metallic tinkling soon ceased. The amphoric voice was heard in all the right subaxillary region. These phenomena sometimes partially exist in pulmonary emphysema, but in this last there is always a sibilant rattle, and the invasion of dyspnœa is not sudden. In the pneumo-thorax the sibilant rattle does not exist, and symptoms of tuberculous affection are constant. It was here prognosticated that an effusion of liquid would speedily form at the lower part of the pleura, in which case the metallic tinkling would be restored. Percussion was employed in order to ascertain if gurgling existed, and great was the astonishment to find that it did, although no signs of effusion in the chest were manifest. Pressure was then made on the epigastrium, in order to discover whether the gurgling did not proceed from the abdominal cavity, which was found to be the case. This was evidently pneumo-thorax from the following signs:—1. Pulmonary tubercles; 2, increased sonoriety of the chest on one side; 3, complete absence of respiratory sound on that side; 4, strong or puerile respiration on the other; 5, amphoric voice and respiration; 6, vaulting of the affected side.

On dissection.—The diaphragm on the side where the air was effused was rendered *convex* towards the abdomen. The chest was opened under water, and a quantity of air immediately escaped to the surface of the liquid. The *right*

* *Traité Pratique d'Auscultation*. Par Barth et Roger, p. 447.

lung was puckered with a perforation, three centimetres (upwards of an inch) in length, but on blowing into the trachea, no air escaped from the opening. At the upper part of the left lobe was a vast cavern wholly unconnected with the opening from which the air escaped. This was owing to the adhesions of the surrounding parts. A portion of the left lung was condensed like the substance of the spleen, which excited surprise, inasmuch as this side of the chest was perfectly sonorous during life. The morbid change was, therefore, presumed to have taken place during the thirty-six hours previous to death, when no further auscultation was practised, on account of the approaching dissolution. Besides the pulmonary tubercles, which were in great number, several were found in the larynx. The epiglottis was eroded, and the membrane of the vocal cords and ventricles were thickened. Numerous ulcerations were seated in the large intestines, as commonly happens in pulmonary phthisis.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Treatise on the Sympathetic Relation between the Stomach and the Brain. By C. Wightman, M.D., &c. Simpkin.

A PUPIL.—While men can be found to undertake such situations on such terms, so long will they, by designating themselves the value of their services, be treated in a manner compatible with the station they are content to occupy.

ENQUIRER.—Physicians and surgeons in France, as the system of education is the same for both, are equal and uniform in degree, station, and privileges, without any artificial distinctions of any kind whatsoever. The right of practising as both physician and surgeon, in both external and internal diseases, is conferred upon the surgical graduate, after undergoing an additional examination in internal (medical) pathology, and upon the medical graduate after undergoing an additional examination in external or surgical pathology.

MR. SHAW'S query in reference to the Medical Witnesses' Act was accidentally lost. If he will favour us with a line, it shall receive every attention. The Medical Witnesses' Act will be found verbatim in the 52nd number of the 'Medical Times.'

THE MEDICAL TIMES.

CHANCES IN THE MEDICAL CORPORATIONS.

THE exertions of Medical Reformers, and the encouraging prospects of the coming Session of Parliament, have induced the Medical Monopolists to take steps which, a few years ago, they would not have thought of, and to encourage propositions which they once scouted with derision. They feel that, unless they do something, the coming storm will entirely demolish the system under which they have thriven. Their camp is in motion, and they are preparing to offer a few slight concessions to the spirit of Reform, in order that they may the more securely, and with better grace, attempt the emasculation of those plans which would really work the reformation of our medical institutions, and which they know the coming Session will produce. In Lincoln's Inn, in Pall Mall, and in the dark and sloppy purlieus of Blackfriars', the voice of contention has been heard—the canny members of the different corporations contending for some slight concessions to popular demands, in order that peace may be main-

tained, and a portion of their darling privileges preserved—the obstinate and bigoted persisting that to yield an inch must lead to certain destruction. The result of these disputes—as far as results having been arrived at—we now give our readers upon the best authority. The College of Physicians have determined upon the abolition of the class of *Extra-Licentiates*, and have agreed to liberalize the method by which the President and Council are henceforth to be elected. The College of Surgeons have determined upon creating a new class, to be styled **FELLOWS**—this class to be composed of the lecturers and recognised teachers of anatomy, physiology, and surgery, and of surgeons and assistant-surgeons of hospitals—and further, that this new class shall enjoy henceforth the privileges of electing one-half of the members of the Council of the College! The members at large are still to be *aliens*.—The Apothecaries have it also in contemplation to slaken their rein somewhat, and to give their Licentiates a sop to stay their clamour for reform. These are strong signs of the times, but a few weeks will bring us to a point whence we may learn the number, and scan the character of our adversaries—may test the tone and temper of our friends—and, girding us for the contest, foretell, with certainty, the day of triumph over the enemies of a just and full Medical Reform.

UNITY AND EQUALITY OF MEDICINE AND SURGERY.

IN continuation of what we quoted from Professor Macartney, we have to remark that medical history informs us that the great fathers of medicine practised the two divisions, medicine and surgery, sometimes together, sometimes separately—Hildanus, Severinus, Bartholine, and many others, distinguished in medical science and literature, for example. The French, who had been enlightened upon this subject by the results of the old wars, the "Bella Medicorum et Chirurgicorum," in making the New Constitution of 1803 and 1810, determined to abolish the absurd distinctions between the two, in education, rank, and degree, and to adopt the popular decision, and unite both. They did not classify men into the pures of physic and pures of surgery; they did not adopt the seven different systems of the many University Schools in the United Kingdoms. They shunned all puerile and artificial distinctions of station and grade, between being Oxford-bred or Cambridge-bred; Edinburgh or Glasgow-bred; regular-bred or irregular-bred; or a fellow, or a licentiate, or an extra-licentiate, or an inceptor candidate; by determining that all who entered the profession should be educated alike, and put on an equal footing. They educated the pupils upon the sound principle of Professor Gregory, when he says, "All I contend for is, that if a man will call himself a general practitioner, or, in other words, physician and surgeon, he ought at least to be educated as both." He says this in allusion to the assumption and usurpation of the style and title of "General Practiser" by numbers of ignorant and superficial routinists, not half educated up to the full and proper standard. But we mean decidedly and finally that ANY and EVERY man who assumes to practise as both physician and surgeon, should be educated as BOTH. Candidates in France

as we have pointed out in No. VI.,) for the Doctorate in *medicine only* receive the fifth or extra examination on medical subjects (*internal pathology*); but candidates for the Doctorate in *surgery* undergo the extra examination on *surgical* subjects. Candidates for the M.D. et S., or both degrees, that is, for the union of both doctor and surgeon, having been highly and thoroughly educated during a term of six years, undergo both examinations; and to show the facility with which they adopt this union of two divisions into one, constituting the highest and most efficient order of general practiser, we think we speak *ex cathedra*, when we say they grant a license to compound, but not sell medicines, for their own patients in small towns and villages. The same plan is proposed by the BRITISH MEDICAL ASSOCIATION. Whatever reform takes place, it is quite certain that antiquity and experience and the wants of the public will prove that the "General Practiser" of the most elevated and educated class or "Medico-Chirurgical Graduate" must form the type of the future new or reformed practiser. The above provisions do away altogether with all pretexts, by misapplication of the argument for the division of labour, the usual argument in favour of artificial divisions. The previous advantages of unity, instead of division of education being provided for, the subsequent choice of division in title and practice is left to the discretion of the graduate. In some cases in England, certain graduates in medicine practise both as physicians and surgeons, as general practitioners, according to the views of Dr. Christison, in a spirited paper in the 'Edinburgh Medical and Surgical Journal' about 1831. But we have observed that this union does not always please either the ordinary general practisers or public. If a graduate in medicine and surgery announce himself as a general practiser of medicine, surgery, and midwifery, he generally excites the competitorial jealousy and opposition of the former, and lowers himself in the eyes of the latter. If he puts *doctor* on the door, it raises not the man but sinks the title!

Dr. Savage, of Cork, (now we believe in the Artillery,) who was highly educated as a PURE member of the R.C.S. Ireland, took also the Edinburgh medical degree in 1829; for, said he, "The Irish will not employ me as a *doctor as well as a surgeon without it!*" Dr. Hardy, the chief reformer of the beginning of the present century, who wrote his approved pamphlet on Medical Reform in 1807, states that it was usual for the PURE surgeons of the Irish College, to annex medical studies and a medical degree to their surgical diploma, so that the union works better in "Green Erin Isle" than in England, where matters will stand as they are in all probability, until the union is legal, general, and at last universal. In France, the doctor-surgeons drop the doctorate, and call themselves "Monsieur," as M. Dupuytren, &c., instead of "Docteur" before their names, but some physicians also make the same omission. In general, men of high moral feeling, with a warm sense of professional dignity, incline in England, more or less decidedly, however they may advocate unity in education, privileges, and station, to one particular division either in medicine or surgery; in practice to gain an extended perfection of skill and experience in one branch by the division of labour, particularly if their circumstances are easy, and their local influence and interest good. They can seldom, in truth, without unusual powers and industry, acquire this perfect skill, when other energies are overlaid by the physical and bodily labour of an excess of common routine occupation, produced by practising two or more branches together. To mount Alps o'er Alps it is ne-

cessary to divide and conquer; for riding over the country all day, mixing up medicine and book-keeping in three branches, gives not that superior experience which is derived from blending literary leisure, and minute study of cases with practice, after the example of Dr. Percival, the author of 'Medical Ethics,' and every other philosophical and eclectic physician, who has acquired great note for practical skill, and success in the treatment of difficult long-standing and desperate cases!—We consider, *that*, in England, as in France, no man whatsoever ought to be suffered to practise the MINOR-SUBDIVISIONS, as oculist, aurist, &c., unless he has gone through the regular and united system of education, as preliminary and indispensable to the exercise of a minor subdivision. Oculists and aurists, self-educated and self-dubbed, or not educated beyond the organ they profess to treat, are little better than swindling pretenders and quacks, whose deserts should place them at the tread-wheel.

MEDICAL REFORM.

EASTERN MEDICAL ASSOCIATION OF SCOTLAND.

THIS Association, which was instituted some years ago, and now numbers among its members a large portion of the Medical Profession in the counties of Perth, Fife, and Forfar, has for its object the promotion of the general interests of the Faculty, and, especially, the obtaining some legislative enactment calculated greatly to diminish, if not altogether to suppress, quackery and empiricism, and thus at once to benefit the public, and to increase and maintain the respectability and usefulness of the profession. One of the main points in the Reform sought by the Eastern Medical Association, and similar Associations throughout the three kingdoms, is a reform in the Medical Institutions of the country,—or, in other words, the suppression of the existing colleges,—which are each governed by separate and different laws, and have opposite privileges and interests,—and in their stead, the appointment of one licensing body for the whole empire, regulated in the admission of practitioners by a uniform standard of qualification. A detailed statement of the objects of the Eastern Medical Association will soon, we believe, be submitted to the public; and in the meanwhile, the preceding brief and imperfect explanation of them may help to show that they are such as deserve the active support and assistance of the whole community, for it is, of course, of the most vital importance that the class to whom the care of the public health is committed should consist only of men properly educated and instructed in all the branches of their difficult and delicate art.—A general meeting of the Eastern Medical Association was held here on Thursday last, in the Council Hall, which was kindly granted by the Magistrates for the purpose. The meeting was attended by members of the Association from all the counties comprehended within the sphere of its operation, and the proceedings were characterized by a heartiness and zeal commensurate with the importance of the objects sought to be attained. Dr. Crichton, Dundee, President of the Association, was in the chair.—Before proceeding to the proper business of the Association, it was agreed, upon the motion of the Chairman, to offer to her Majesty and Prince Albert addresses of congratulation upon the happy event of the birth of the Princess Royal.—Dr. Livingstone, Dundee, one of the secretaries of the Association, then read the minutes of last general meeting, and of the subsequent meetings of the Council of the Association, together with a variety of correspondence, and a draught of petitions which, as will be seen from the first resolution, it was agreed to present to her Majesty and the Legislature.—Dr. ANDERSON, Dundee, rose to propose the first resolution, namely, "That this meeting unanimously adopt the petitions to her Majesty and to both Houses of Parliament, and direct them to be signed by the President and the Secretaries, in name, and in behalf of the Association, and presented as soon as possible after the

meeting of Parliament." He (Dr. A.) felt it to be altogether unnecessary to seek to press upon the Association the propriety of this resolution, for all of them must be perfectly sensible of the urgent necessity there was for bringing their claims fully and distinctly before Parliament. He was happy to observe that the profession were beginning to stir actively in their own defence, and in defence of the public; for during last session, no fewer than 172 petitions had been presented to Parliament in favour of Medical Reform, and having attached the signatures of 5019 duly qualified practitioners. By such exertions could they alone hope to succeed; and he was particularly pleased to hear from the minutes just read, that a deputation of the Council of the Association had procured an interview with two members of the Legislature—the Earl of Camperdown and Lord Kinnaird—both of whom lent a favourable ear to their representations. He was satisfied that the claims of the profession only required to be made properly known to Parliament to secure attention to them. He trusted the Association would persevere in its exertions, and he had no doubt that success would finally crown their labours.—The resolution was seconded by Dr. FENTON, Alyth, and unanimously agreed to, as were all the subsequent resolutions.—Mr. YOUNG, Surgeon, Kinross-shire, Delegate from the Kinross and Clackmanan Medical Society, moved the next resolution,—"That the meeting view with pleasure the increasing zeal displayed by the profession for the advancement of Medical Reform, and would farther express their great satisfaction at the interest now manifested by the members of the Legislature, and the public journals for the settlement of this important subject." He (Mr. Y.) viewed with extreme pleasure the efforts that were now being made to secure the interests of the profession, and of the public in regard to Medical Reform. The practitioners of medicine had been too long asleep, and they had paid dearly for their apathy. Medical men had hitherto been careless to a degree about their interests, and, trusting to the usefulness and importance of their services, had thrown themselves almost completely upon the generosity of the public as their best and greatest benefactors. In most cases, their liberality and unselfishness had met with a sorry recompence; and they were often despised and neglected while uneducated and incompetent men made great pecuniary harvests. It was pleasing to notice, however, that the public are at last beginning to perceive their true interests, and he hoped that they would soon thoroughly understand them. At this moment, ignorant empirics are realizing immense fortunes at the cost of the public health. A vast sum is annually paid to Government for what is termed protection to quack medicines; and the mischiefs that result from their use cannot be calculated. They meet the educated medical man every day, who is almost hourly called upon to combat their dangerous results. What we have most to complain of is the irresponsibility of Quacks; they pursue their mischievous avocations without let or hindrance, and the consequences of their ignorant treatment are often attributed to the properly qualified practitioner, who is consulted, probably, when too late. But it augurs well for the establishment of a better system, that the Medical Journals, and Members of the Legislature, are taking up the subject of Medical Reform. Mr. Y. proceeded to say that the medical profession, from its importance and usefulness to the community, was entitled to legislative protection and encouragement. It becomes us, he proceeded, to bestir ourselves, and no longer endure injustice brought upon us only by the disunion and supineness that has so long prevailed among us. Let every medical association or society, however small, send in petitions to the Legislature, and we need not despair of obtaining justice. We must agitate among the profession in the first place, and next among the public, showing them the deep interest they have in procuring Medical Reform. Mr. Y. then alluded to the evils flowing from having such a number of Medical Colleges, all differing from each other in the amount of fees exacted by them, and in their literary and scientific requirements. The great point was to obtain the appointment of one licensing body, without whose

authority no person should be permitted to practise as a surgeon or professor of medicine.—Dr. ROBERTSON, Perth, seconded the resolution. Dr. KEL-LOR, Dundee, moved the third resolution, viz. "That as reformation of the abuses existing in the Medical Institutions of the country, does not only affect the interest of the Medical Profession, but is intimately connected with the welfare of all classes of the community, this meeting do recommend that Public Petitions to the Legislature be prepared and presented." Dr. K. spoke in support of this resolution, to the following effect:—"The resolution which has been put into my hands, although one of considerable importance, requires very few words from me to recommend its adoption by this meeting. If it be admitted that the object of Medical Science is to alleviate and cure 'the ill that flesh is heir to,' it must also be conceded that it is the duty as well as the interest of every member of society to exercise his influence in behalf of any measure calculated to promote that important object. If the medical polity of the country is incomplete and unsalutary, if the laxity of its government proves injurious to science and pernicious to the public health, we owe it to ourselves and to our fellow-men, to call upon the Legislature to rectify the evils which exist, and to grant an efficient salutary provision for the Medical wants of all classes of the community. The question of Medical Reform cannot, therefore, be considered a *party* question—it is altogether a *public* question—a question of general, not of individual interest, and one to which the peculiar tenets of political parties can have no possible relation. Hitherto the Medical Institutions of the kingdom, instead of proving the guardians of the public health, and the protectors of the rights and privileges which they pretend to confer, have, to the scandal of the nation, neglected to institute measures calculated to prevent the public from being imposed upon by the pernicious misrepresentations and malpractices of crafty charlatans;—hitherto the Medical profession has been entirely overlooked by the Legislature, there being no legal enactment to check the baneful influence of the disgraceful system of imposture and quackery, which is at present tolerated in this country; neither are there any laws to protect the just and privileged rights of duly-qualified practitioners. I presume, Mr. Chairman, that it is altogether unnecessary for me here to express how much it is to be lamented that the honourable calling to which we have wedded ourselves, should have been so long exposed to the inroads of illiterate, uneducated pretenders to Medical skill. All here, I doubt not, can testify to the fatal consequences of unrestricted empiricism, to its daily and hourly proving fatal to its innumerable deluded victims, and most prejudicial to the character and usefulness of the legitimate healing art. The great aim of this and kindred Associations, is to endeavour to rescue the profession to which we belong from the degradation to which the want of legal protection has exposed it, and make it what it pretends to be, and what it ever ought to be, worthy of the high encomiums bestowed upon it, when its members are influenced only by an honourable ambition in the proper discharge of its highly responsible duties. For this laudable object, associations have been formed throughout the country; 172 petitions have already been presented to both Houses of Parliament; the united testimony of upwards of 5000 legally qualified practitioners, to the necessity of an immediate interference of the Legislature, has thus been given; and it is to be hoped that the cause will be successfully advocated by those Members of Parliament who have promised their support. The good work has thus been well begun by those immediately interested in the welfare of the profession; but, Mr. Chairman, the voice of those who have even a deeper interest in the matter is yet to be calling upon the Legislature to vouchsafe a speedy remedy for the evils which have already been too long inflicted on society—the *public* have yet a duty to perform, and now, when they are acquainted with what they owe to themselves, now, when scientific knowledge is rapidly spreading over society, and the mist of delusion is fast fading away, I doubt not but the interest and welfare of the nation will

induce all classes of the community to join with us in petitioning the Legislature in behalf of science, of justice, and of humanity."—The resolution was seconded by Dr. YOUNG of Methven.—Dr. MILLER, Perth, proposed the fourth resolution, viz: "That this meeting adopt the following resolution of the British Medical Association, viz: 'That the members of this Association again pledge themselves to return all applications from Life Assurance Offices, for certificates of health, unless accompanied by a fee,' and pledge themselves to act upon it, on and after the 1st April, 1841." A report by a Committee of the Council of the Association, regarding the fairness and equity of Assurance Societies remunerating medical gentlemen whom they might consult as to the health of parties applying for Assurances upon their lives, having been read at a previous period of the meeting, Dr. Miller said, "that he deemed it altogether superfluous to offer a single argument in addition to the reasons so forcibly urged in the report in favour of the rule laid down in the resolution which he had just read, and which he had no doubt the meeting would unanimously adopt."—The resolution was seconded by Dr. FREW, Perth.—Dr. LIVINGSTONE, Dundee, moved the next resolution, viz:—"That this meeting congratulate the Medical profession on the manly stand made by the practitioners of Ireland, against the tender offered by the Poor-Law Commissioners, in respect of remuneration for vaccinating the poor, under the 'Small pox Prevention Bill,' and pledge themselves to afford them every support in upholding and promoting the dignity and respectability of the profession." Dr. Livingstone said "this motion requires, on my part, little comment. During the arduous struggle of the Medical profession to assert its own rights and the cause of humanity, no part of it has been more forward, more energetic, and more consistently liberal than the profession in Ireland. Actuated by the high spirit, the independent feeling, and genuine warm-heartedness, so characteristic of their countrymen, Irish doctors have ever been foremost in the ranks of the advocates of Medical Reform, and their present resistance to the degrading terms proposed by the Poor-Law Commissioners, under the 'Small-pox Prevention Bill,' demands, as it must receive, the support of their professional brethren. Unlike the profession in Scotland, which seems too deeply sunk in apathetic indifference, our Irish brethren, roused by a deep sense of the insult offered to their respectability, have, to a man, risen in indignant opposition to the degrading system attempted to be forced upon them, and by a series of meetings held throughout the country, numerous and respectably attended, they have, with one voice, disdained the miserable pittance offered by the Poor-Law Commissioners. There was no faint-heartedness, no recoiling from the cause to which they had pledged themselves, no fear of consequences, no crouching to the merciless taskmasters who, in the shape, first of exclusive corporations (from whom they derived their license) and latterly, of the prejudices of a public, but imperfectly, very imperfectly, acquainted with medical affairs, attempted to trample on their just rights, and to limit them to less than the wages of the meanest labourer. No! the profession agreed as one man, and have now driven the Poor-Law Commissioners to seek the aid of practising apothecaries. — Dr. WEBSTER, Dundee, after making some brief remarks, and contrasting several of the provisions in the Bills laid before Parliament by the hon. gentlemen, and giving the preference generally to that of Mr. Hawes, moved, "That the best thanks of this meeting are due to Messrs. Warburton and Hawes, for the great care and attention they have given to the medical affairs of the United Kingdom; and while the members of this Association would hesitate to give their unqualified approbation to either of the Medical Bills now before them, they would venture to hope, that the honourable members will, previous to the meeting of Parliament, by amicable discussion, and mutual concession, so modify and amalgamate these Bills, that only one mature and satisfactory measure may be introduced into the House of Commons."—Dr. ANDER-

SON, Dundee, seconded the motion.—A letter was next read from the Secretary of the British Medical Association, recommending the Association to send a delegate to London by the commencement of the Parliamentary session, in order to co-operate with delegates from other Associations in promoting the cause of Medical Reform, by intercourse with members of Parliament, &c. In this letter, it was stated that if the Association declined to depute one of their own body to go to London, possibly Professors Grant and Sharpey (both Scotchmen, and residing in, or near to, the metropolis), might be induced, on application, to undertake the task of representing them in the convention of delegates.—Dr. KEILLOR was averse to sending any delegate to London, both on the score of the expense, and the uselessness of such a measure. No benefit could accrue from it; and he begged to state that many members of the Association entertained the same opinion as himself. He moved, therefore, that the Association decline to send a delegate to London, but agree to request Professors Grant and Sharpey to act for them.—Dr. FENTON seconded this motion. Dr. MILLER took a different view of the matter. He thought that much good might result from sending a delegate, as recommended by the British Medical Association. The expense would be trifling, and fall lightly upon an Association so numerous. He thought the Association would not show their sincerity, and their earnestness in the cause they professed to have at heart, if they refused to appoint a Delegate. A chief duty of the Delegates would be to consider and discuss the Bill proposed by Mr. Hawes, and to press their views upon him; and after this had been done, their Delegate might leave, and commit to Professors Grant and Sharpey the task of representing them afterwards. Dr. Miller moved an amendment in accordance with these sentiments, in opposition to Dr. Keiller's motion, and was seconded by Dr. Robertson, Perth. After a short discussion, the motion and amendment were put to the vote, when there only appeared two for the motion—the mover and seconder. The amendment was accordingly carried, and the appointment of a delegate in terms of it referred to the Council of the Association. Professors Grant and Sharpey were then, on the motion of Dr. Livingstone, seconded by Dr. Monteath, elected Honorary Members of the Association; and the meeting, after awarding a vote of thanks to the Chairmen, separated.

The majority of the gentlemen who attended the meeting afterwards dined together in Mr. Menzies' Tavern, St. John's Place. Provost Greig, who had been specially invited, honoured the party with his presence. Dr. Chrichton discharged the duties of the Chair, and Dr. Miller acted as Croupier. We have heard a good deal about the jealousy and bad feeling alleged to exist among medical men, but we can aver that upon this occasion, the most brotherly harmony prevailed among the brethren of the profession. The proceedings were highly sociable and agreeable; nor must we omit to record that the humour and originality of the veteran Chairman formed a material element in the mirth and conviviality of the evening. The dinner, furnished by Mr. Menzies, was sumptuous and profuse; and the wines and other liquors such as might have pleased the most fastidious worshipper of the "rosy god."

We regret to hear that a surgeon attached to a regiment stationed at Dover was killed by a fall in a street scuffle.—A verdict of manslaughter has been returned against the men who were the cause of the unfortunate gentleman's death.

The Earl of Brownlow has given the liberal sum of fifty pounds to the Lincoln County Hospital.

REVIEWS.

A Treatise on Inflammation. By Professor Macartney. 4to. Longman.

WE must say of Dr. Macartney, that in spite of his little favoritisms, jealousies, and other failings, incident to the greatest characters in nature and *Plutarch*, and in spite of the party feeling intended and plotted to annoy him, he is entitled to the respect and gratitude of the medical world. By this unremitting attention to his duties, his ardour in anatomical and physiological science, as well as pathology, the extraordinary resources of his genius in anatomy and physiology, in which, with the additional advantage of more years and greater experience, and therefore more advanced judgment, he exceeded that eloquent and profound wonder, KNOX; his incessant watchfulness and strict discipline of his class, his unremitting regularity, and his resolution to make that class apply, and discharge their duties to him, to themselves, and parents, as students, were more exemplary than any other Professor's conduct we ever knew. Like Cordelia in 'Lear,' we never flattered him in his place, never "curried" his favour like Sernei, the manner of Gonneril and her sister, and perhaps had his inward dislike from misconception, or low men's misrepresentation; but we are at liberty now to express our admiration, not only of his genius and talent, but more especially of his conduct and his high utility. With all his partialities and failings, which are incident to the best and brightest of humanity, and the greatest powers, "Et non aliena ab homine;" and, in this, the imperfect world, he was a greater man than all his detractors and competitors. He was not only a strict disciplinarian, and diligent preceptor, and instructive examiner, but a good distributor of labour among the students. He permitted no man to be a slave to his own sloth and torpor, or love of idleness and dissipation. He made them work and labour industriously in the vineyard. If he was not so practical and so exact a demonstrator as Dr. Harrison, he resigned the abacadian task for original or novel information. We care not for what his competitors may say; we consider that he was the first consulting surgeon in Dublin, though he was not unjustly underrated because he was no knivesman, and saved life and prevented the operations of cutting ignorance. He was NO PURE; but as a surgeon and a physician, he was purer than the rest. His observation and experience were great, the faculties of genius and talent were developed in him, and he spoke that unmixed and perspicacious truth which superior faculties and judgment truly can command. We admire his fine burst on PURES, from "the majesty of the soul of this man," as Mr. Shiel's famous figure is expressed. We should wish ourselves, as Burke says, "to be branded with eternal infamy, if now we damned him with faint praise." Our readers will pardon this digression in doing justice to a liberal, talented, and useful man, who rose by his merit alone from a humble station, not by influence and interest, and we may in our next turn to his theories.

A Brief History of Small-Pox, Cow-Pox, and Vaccination. Pp. 15. Worcester. CHALK & HOLL.

THIS letter, written by Mr. Turley, originally appeared in the Worcester Herald, during the severe visitation of small-pox in that city. It was very apropos to the juncture, and now worthy notice, as containing Mr. Turley's claim to the priority of the discovery of small-pox

and Cow-pox, being one disease originally. Mr. T. says, "My experiments to prove this are well known to several persons, and on whose cattle I experimented in 1833-4; and I think Mr. Ceeley, of Aylesbury, should have his attention drawn to this fact; for if he possesses a highly sensitive feeling, he will not like to be considered the first publisher of that fact, when the accompanying pamphlet bears a date, Worcester, 1838, long antecedent to his papers, read at the British Association." The following is the passage alluded to; it occurs at page 13.

"It is not generally known that the *cow-pox* is merely *small-pox* having passed through the system of the cow, and having undergone the well-known changes characteristic of the cow-pox—hence the immunity from *small-pox* arises in those who have suffered the *cow-pox*, from its being a law in the human economy that we are not GENERALLY subjected more than once in our lives to the *small-pox*, and to some other diseases."

West's Stanhope Lens.

THIS very compact and cheap little instrument is well adapted to assist physiological research; as, although small enough for the waistcoat pocket, it has a magnifying power of 4095. Globules of blood, pus, and other similar objects, may be examined with it.

FOREIGN HOSPITALS.

(From a Correspondent, Paris.)

FOLLICULOUS ILEO-DICLYDITE.

ON looking over my notes of an attendance in the Paris Hospitals, I found some cases of typhoid fever which occurred under the treatment of DR. BALLY, of the *Charité*, in which the morbid appearances were beautifully marked.—The first patient, a spoonmaker, aged twenty-one years, was brought into the hospital on the 30th of August. He had resided in Paris only thirteen months, before which period he had enjoyed excellent health. He had latterly slept in a room inhabited by several persons, a fact which deserves especial notice, inasmuch as the vitiated air of sleeping-rooms is a common cause of typhus and many other ailments. His first symptoms were headache, pain in the eyes, weakness in the loins and lower extremities. These came upon him suddenly while walking in the fields, so that he was obliged to repose in the grass, and he had much difficulty in reaching home. His appetite was not impaired until the present attack, which commenced on the 15th. On his return home he suffered greatly, but continued his work three days longer. At the end of the 5th day he had diarrhoea, with pains in the belly and epistaxis. On the 8th, the depletory system of M. Bouillaud had been commenced. Four pounds of blood had been taken at intervals, a considerable number of leeches had been applied at four times to the abdomen, and the patient was daily put into a warm-bath containing a pound of muriate of soda. On the 17th he was brought into the hospital, after having just taken his bath, and the following notes were taken. He has passed a sleepless night from fever, agitation, and dreams. He rose from his bed in a state of delirium, and attempted to get into that of another patient. He complains of heaviness in the head, but without noise in the ears, although he had previously been troubled with that symptom. His bleeding of the nose has ceased; his lips are dry and pelliculous; the tongue and fauces are also dry; his thirst is intense; at intervals he has nausea, but has never vomited; the abdomen is soft, and free

from flatulence, or pain on pressure, *excepting in the left iliac region*; the diarrhoea continues; the urine passes freely. The respiration is free; he has slight cough without expectoration; the skin is moist; the pulse 90, full and depressible; the heart beats sharply, and its pulsations are perceived throughout the whole of the thorax, both before and behind.—The memory seems greatly impaired; the answers are slow, and given with hesitation and difficulty. (Julep of gum arabic for common drink; decoction of bark.)—18th day. Same as yesterday; intellectual faculties greatly enfeebled.—19th day. Very delirious during the night; he rose from the bed with the intention of leaving the hospital; expectoration is variegated; he complains of dryness of the tongue and fauces; the belly is sunk; the diarrhoea continues, and the evacuations are of a greenish-yellow colour. (P. Cinchon. with Crem. Tart.; cataplasm to the abdomen.)—20th day. The cerebral disturbance during the night was less than previously; his answers are still vague and uncertain; he does not complain of headache, but has frequently nausea; diarrhoea continues; there is very slight injection of the vessels of the conjunctiva; the pupils are moderately dilated; the countenance pale and extenuated; slight bleeding from the nose; the lips are dry and pellicular; the gums present no particular appearance. He shows his tongue immediately on being requested to do so. It is not encrusted, but is dry in the centre, although the edges are moist and red; pressure on the abdomen, which is flattened, excites a gurgling noise. He coughed a little during the night, pulse 104, full, depressible. The heat of the trunk greater than that of the extremities. The respiration is performed slowly, twenty-eight inspirations in a minute. The posterior and lower part of the chest is sonorous on percussion, and no rattle is heard on applying the ear to that part. The man is in a state of great prostration. (P. Cinchon. with Crem. Tartar.)—21st day. The diarrhoea has increased; pulse 112, regular; tongue exhibits the same appearance as yesterday. (Sulphuric acid, 25 drops in common drink; julep of camomile, with gum Arabic; broth without bread; two glasses of wine in the course of the twenty-four hours.)—22nd day. Diarrhoea continues; five liquid evacuations. He has been able to go without assistance to the night-chair. His intellect seems obtuse, pulse 104, full, yet depressible; makes no complaint of pain; the tongue as usual; thirst intense. (Thin vermicelli decoction; two glasses of wine in twenty-four hours, as before.)—23rd day. Calm during the night, lips dry, tongue less so than hitherto; four liquid evacuations; the urine is transparent, and slightly reddens the tournesol paper; in other respects as before.—24th day. Pulse 108, undulations; great heat on the skin; other symptoms as before. (Infusion of camomile, with gum Arabic; lemonade; wine as before.)—25th day. He has great difficulty of hearing; pulse 100. The diarrhoea has ceased. A portion of urine, of a yellow colour, which has stood thirty-six hours, has preserved its transparency. (Prescriptions as before.)—M. Bally here remarked, that deafness was by no means an unfavourable symptom in putrid fevers.—26th day. No return of the diarrhoea; he sleeps at intervals. The urine, which has stood an hour, is yellow, and slightly reddens tournesol paper. (Prescription as before.)—29th day. During the last three days nothing has occurred deserving of note, but the delirium last night was so great as to render the straight-waistcoat indispensable. The lower jaws and lips are constricted, with tremulous movement. The hands and arms also tremble; pulse 120, but

regular; the teeth are incrustated; the tongue red and dry; the bladder ceases to expel its contents. The urine drawn off by the catheter is clear. (Diluted sulphuric acid, 72 drops in the common drink, ordered for twenty-four hours; infusion of orange leaves, camphor, and musk, of each eight grains.)—30th day. Yesterday evening, at six o'clock, the pulse was 108; violent subsultus tendinum, and delirious loquacity. This morning pulse 116, full and powerful, without the least irregularity; no alvine evacuation. The functions of the bladder are restored, so as not to require the use of the catheter. In other respects, as yesterday; on the following morning we found him a corpse.

Dissection.—The small intestines were studied with round and elliptical elevated patches resembling tubercles. These were different sizes, from that of a millet-seed to a ten sous piece. Some were without solution of continuity; others were ulcerated, and of a pale white colour, intermixed with red lines. When these portions of intestine were examined, by being held up between the eye and the window, we remarked ramifications of arteries, whose extreme points terminated in the elevated patch. Ten of these were counted. About a foot from the *diclyde* or ileo-cæcal valve were perceived a confluent assemblage of these protuberances, in the centre of which was a large ulceration, entirely destroying the mucous membrane. The muscular coat seemed also eroded, but this point was not clearly ascertained. The whole collection was of a deep red colour, and the process of cicatrization seemed to have commenced, the base of the ulcer being in some parts smooth, and shining around the confluent group was a great number of vessels, some of which were varicose. The inferior extremity of the ileum contained a large quantity of these tubercles, many of which were ulcerated, and in some the solution of continuity extended even to the ileo-cæcal valve. The mucous membrane of the intestine in other parts was free from inflammation, and throughout of a white colour. *Mesenteric glands* were in general enlarged, and of a dark brown colour, less formed than usual; some were in their natural state and colour. *Cæcum* was inwardly of a reddish brown colour without ulceration. *Cavity of the stomach* was of a dark slate colour. *Spleen* was considerably larger and softer than usual. On being cut into, it was found in colour like the dregs of wine. *Brain* very firm. On pressing the layers as they were removed, blood oozed out. *Lungs* healthy. M. Bally made the following remarks on this case:—"This man, previously to being brought to the hospital, had lost six pounds of blood from the arm and from leeches, which had reduced him to a remarkable state of prostration, so that the subsequent treatment was confined to the combating of symptoms. Few *post-mortem* examinations were conducted with more attention. The aspect of the small intestine demonstrated the truth of my opinions concerning these affections. No redness was perceived in the whole course of the mucous membrane, which was evidently of its natural colour and state; but the grouped follicles were more or less diseased. On the other hand, the glands of Brunner were not affected, unless we consider as isolated follicles those round protuberances which projected in some instances on the extremities of the elliptical patches, and in others, on the margins. Of these protuberances we counted only ten, but they were more numerous. They were of a whitish grey colour, traversed by red vessels. I remarked to the pupils present at the dissection, that on holding the diseased portions of the transparent intestines to the light, they would perceive a great

number of vessels like the branch of a tree whose extremities would terminate at the protuberance, and this was found to be true. This appearance was not found in any other part of the intestines, and may be considered a verification of the maxim, '*Ubi stimulus ibi fluxus.*' In fine, the morbid appearances of this case prove the truth of my opinion, that the disease is seated in the agminated follicles, rather than in those of Brunner. It is to be remarked, that although during life cerebral symptoms existed, yet not a trace of disease was found in the brain."

CASE 2.—This patient, twenty-five days previously to his admission, had violent pains in the head, buzzing in the ears, vertigo, and obstinate constipation. Shiverings were experienced during the first few days of his indisposition, since which he has had incessant fever with great heat. Ten days ago, he was bled from the arm, and fifteen leeches were applied to the anus. On the 25th day, he was admitted to the hospital; he complained of vertigo, but no headache, buzzing of the ears, and excessive lassitude. His answers were rational; the tongue was dry and yellowish; teeth a little encrusted; abdomen very slightly distended, and free from pain, excepting on pressure in the ileo-cæcal region, which also produced a gurgling. Diarrhoea for the last three days, although previously he had no evacuation without a glyster. Frequent cough, bronchic expectoration, transparent and intermixed with air; mucous rattle throughout the chest; pulse small, frequent, and hard dry heat of the skin; no lenticular spots. On the belly, the epidermis has desquamated, leaving asperities, as if there had been sudamina. Countenance emaciated and stupid. (Lemonade with gum; thirty leeches on the right ileo-cæcal valve; complete abstinence from food.)—26th day. Delirium during the night, copious diarrhoea; white liquid evacuations, like ice water; the debility has increased; subsultus tendinum; increased ileo cæcal pain; very frequent pulse, but less hard; same state of the chest as to sounds. (Lemonade with gum; cataplasm; abstinence.)—27th day. Had slept in the night, with intervals of delirium; no headache; less thirst; tongue pale and yellowish, slightly dry; lips and gums slightly encrusted; less subsultus tendinum; no evacuation; pulse 104, regular, and of moderate fullness; snoring rattle; neither buzzing of the ears nor night-sweats; heat of the skin moderate. (Same prescription.)—28th day. The patient slept in the night, and talked during his sleep; cough with bronchic viscous expectoration, mixed with air; dulness of ideas; general and uniform heat; pulse 120, and soft oppression; 28 inspirations in a minute; meteorism, subsultus tendinum; skin dry; lips and teeth fuliginous; tongue humid at the point and edges, dry in the middle; no headache, nor pain in any part; thirst. (Citric lemonade. Julep with Aq. Lauro Cerasi. Abstinence.)—29th day. Sleep during the greatest part of the day; red cheeks; tongue somewhat less dry; fuliginous teeth; moderate and dry heat of the skin; slight meteorism; no abdominal pain; respiration more free; no delirium or buzzing in the ears; no alvine evacuations; pulse 120; 28 inspirations; less cough. (Perstat.)—30th day. Respiration seems less free; 36 inspirations; slight tracheal rattle; mucous rattle; snoring throughout the whole chest; meteorism; sudamina; frequent startings of the tendons; pulse 124, very small. (Perstat.)—31st day. Was delirious this morning, but is now perfectly conscious of his previous state; pulse 124; very depressible; 44 inspirations; meteorism greatly increased; tongue dry; rugous fuliginous teeth;

abundant and involuntary discharge of yellowish fæces; frequent cough; chest gives the same sounds on auscultation; urine copious and free, never involuntarily; subsultus tendinum in the arms and legs. In the evening the debility was extreme, with convulsive movements of the lips and the tendons.—32nd day. Extreme unction was administered, after which the delirium increased; pulsations frequent; sudamina; chrystallization of the perspirable fluid on the surface of the skin; forty inspirations. Ten or more involuntary stools; subsultus tendinum; skin dry; entire confusion of ideas; vascular conjunctiva; no headache or thirst; encrusted lips; tongue yellowish, dry, and rough; (citric lemonade; julep; cataplasm; abstinence.)—33rd day. Pulse 120; complete loss of the intellectual faculties; continual moaning; subsultus; fuliginous teeth. (Pst.)—34th day. Death.

Dissection.—Heart perfectly healthy; the lungs without tubercles, and healthy, pale, and bloodless anteriorly, but distended with blood at the posterior part. The bronchiæ contain mucous discharges; the liver and spleen healthy; gall bladder contain colourless bile; pancreas firm, dense, and of its natural colour; the intestinal canal free from inflammation; its mucous membrane is very pale. At the lower part of the ileum are four patches of tumid follicles not ulcerated, and five which are so; those which are near the ileo-cæcal valve are from an inch to an inch and a half in diameter, some are round, and others with irregular borders. In the neighbourhood are small, round ulcerations, which seem to have their seat in Brunner's glands, but they are not numerous; all the ulcerations are pale and tomentous, without any marks of cicatrization; all their margins floating when a stream of water is poured on them. Some have for their base the circular fibres, which are denuded, and of their usual colour. The large intestines small and puckered; the kidneys small and pale.

CASE 3.—My notes of this case are incomplete, but the dissection, which is the most important part, has been accurately reported.—On the 20th day of the disease I took the following note. The patient had taken a drachm of alum daily, with decoction of bark, and a plaster of emetic tartar was applied to the abdomen as a rubefacient or counter-irritant. The trembling of the lower lip continues; great thirst; diarrhoea diminished; slept tolerably; no stupor or headache; cheeks less coloured; tongue coated with a thick mucous crust; one motion during the twenty-four hours. The urine is copious and frequent, which is considered to be means of eliminating morbid matter. No cough or expectoration; livid spots on the abdomen are disappearing; pulse 96; no subsultus tendinum; 24 inspirations in a minute. The plaster of tartarized antimony has produced rubefaction of the abdomen, which region is still undistended. Natural heat; (3j of alum in whey,) weak decoction of bark, 3j to 3viii. in 24 hours, with syrup of lemon, and aq. lauro. Cerasi. Notwithstanding the seeming amendment of the man, he relapsed and died.

Dissection.—The ganglions of the mesentery are enlarged, and especially near the termination of the ilium. One of them was the size of an almond, of a deep red colour, and softened; the others, not so large, are yellowish.—The spleen has four inches in length, its investing membrane is very firm, but the substance of the organ on being laid open breaks easily under the fingers, which led to a supposition that the man had previously laboured under intermittent fever.—The stomach was filled with a greenish liquid; its surface was covered with red patches. The veins were distended with dark blood.—

Intestines. In the space of several inches above the ileo-cæcal valve, twelve little ulcerations were counted, some of which were upon the valve itself. The erosion had penetrated to the muscular coat; red patches were found near the duodenum.—**Lungs.** The right lobe was hepatized at its inferior part; when cut into, the finger could easily penetrate the substance, which gave issue to a red-grey liquid, announcing that pneumonia had passed from the 2nd to the 3rd degree. The left lung was sound.—**Brain.** The white medullary substance of the brain is full of red points, which do not give issue to blood on pressure; the membranes are free from adherence. The cineritious substance has not become darker, as we sometimes see in cases of long-continued delirium. The liquid in the ventricles in very small quantity, and slightly reddened.

Acute Rheumatism. — Endocarditis or Rheumatism of the Heart.—The first patient, a female, aged 45, was admitted to the hospital under the care of Dr. SANDRAS, who officiated during the absence of Dr. BALLY. She had been many years afflicted with pains in various parts of the body, especially in the shoulders. Her finger-joints were enlarged from previous attacks, but were no longer painful. The case was marked at the bed's head, *Acute Rheumatism*; but as she felt pain on pressure in the hepatic region, with pain in the shoulder, and as her skin was of a dusky yellow colour, I considered the diagnostic to be very questionable. The moroseness, however, of the patient, who was indisposed to answer questions, prevented my examining the case more minutely. Blood had been drawn, which bore not the slightest mark of inflammation, neither was any relief afforded by the operation. The attending physician professed to hear those sounds in the heart which Bouillaud and others compare to the rubbing together of pieces of parchment. She remained in the hospital about a month under the antiphlogistic treatment, without any amelioration of the symptom, and was then dismissed.

CASE 2.—A more strongly marked instance occurred at the same period in the ward of M. Bouillaud, one of the Clinical Professors of the Faculty, who has directed attention to the frequency of *endocarditis* and *pericarditis* as a concomitant of *Acute Rheumatism*. The existence of Rheumatism and Gout in the heart as a metastatic affection has been known for ages past, but its concomitance has escaped observation. The patient is sixty years of age, was received in the hospital for acute rheumatism, the general symptoms of which had abated before I saw him, leaving the affection of the heart in its chronic state. A German physician from Munich, who was present at the examination, seemed very incredulous as to the correctness of M. Bouillaud's opinions, although on uncovering the man's chest, we discovered an evident enlargement and increased convexity of the ribs over the region of the heart, which M. B. denominates "*voussure*" or vaulting. The sound of the heart, as discovered by auscultation, was that of a pair of bellows, and deep seated. On submitting the præcordial region to percussion, a dull sound extended in every direction considerably beyond the usual boundaries in a healthy subject. The patient was troubled with palpitation, but no trace of rheumatic affection remained in other parts previously affected. The treatment all throughout was strictly antiphlogistic, with very copious and rapid depletion. M. Bouillaud affirms that repeated bleeding, to use his own expression, *coup sur coup*, frequently effects a cure where a more timid depletion has failed.

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Cancerous (encephaloid) Tumours penetrating the Spinal Canal.—A woman, 27 years of age, with suppurated glands in the neck from her childhood, who was frequently affected with scrofulous ophthalmia, began to complain, about eighteen months ago, of pain about the first and second dorsal vertebrae. A year afterwards, two abscesses from congestion were formed on the sides of the spinous processes lower down, which were followed by paraplegia of the lower extremities, paucity of urine, and constipation. All these symptoms daily increased, the evacuations became involuntary; formication was felt in the right arm; eschars were formed on the sacrum, and trochanters, with atrocious pains on the least movement of the vertebral column. At length the woman died, after having experienced tremors, convulsions of the upper limbs, extreme dyspnoea, coldness of the extremities, cold sweats, &c.—*On dissection*, nothing was found in the cranium, thorax, or abdomen. Several *encephaloid* tumours were seated between the transverse processes of the cervical vertebrae, and two in the dorsal region had penetrated the interior of the rachidian canal. One of the latter compressed the dura mater of the spinal chord at the second dorsal vertebra, and adhered to it. This tumour extended along the ribs on each side, communicating with the cavity of the spine by the intervertebral foramina, and with the abscess along the spinous processes, which was formed by the caries of the first dorsal vertebra, some portions of which were mixed with the pus and softened encephaloid substance. The other tumour situated lower down between the sixth and seventh vertebra of the back, had, like its fellow, two portions extending along the ribs on each side, and a posterior which communicated with an abscess by congestion, the laminae and spinous apophysis of the sixth dorsal vertebra being completely destroyed. The body of the vertebrae was intact.

Croupal Membrane exactly lining the Larynx, Trachea, and the primitive Bronchiæ.—This case was presented by M. BECQUEREL. The membrane was exactly moulded to the parts without adherence. It had not penetrated the lesser bronchiæ, which were free from capillary bronchitis, that is frequently observed in cases of this nature, and which subject M. FAUVEL has recently investigated with care. The child was six years of age, and died in six days. Four hours before death a pseudo-membranous covering was observed on the pharynx and tonsils, which was traced into the nostrils. Emetics, purgatives, and blisters, failed to arrest the course of the disease, which became so rapidly fatal as to leave no time for tracheotomy. The absence of capillary bronchitis, and of all disease of the pulmonary tissue, make it a matter of regret that the operation could not be performed.

Spontaneous Perforation of the Gall Bladder, with Effusion of its contents.—*Soft and glutinous false Membranes on the Peritoneum.*—A woman, seventy years of age, excessively fat, who died without any symptoms of inflammation of the peritoneum, was found, on dissection, to have that cavity filled with bile, and to be lined with false, soft, and glutinous membranes. The gall bladder was small, white, and atrophied, containing several calculi; near its neck was a little round opening, which at first sight seemed to have been accidentally made in dissecting around it. On compressing the fundus of the gall bladder, a small quantity of mucus flowed from the opening, which seemed to indicate the absence of communication between this reservoir and the remainder of the biliary passages; but on examination it was found that the orifice communicated with the cystic canal, that its inner membrane near the neck was tinged by bile, and that the coats around the orifice were thinned and changed in colour, which circumstance, coupled with the absence of any lesion of the liver and other parts of the biliary canals, seemed to demonstrate that the effusion of bile in the abdomen, and the consecutive peritonitis arose from the spontaneous rupture of the gall bladder. It is not an unusual occurrence

to find mucus in the fundus of the gall bladder, and bile in its neck, when it contains several calculi which divide it artificially into two portions.

Hydatids in the Lungs.—A labouring woman, sixty years of age, was treated for a double pneumonia, but the symptoms were unknown to the person who made the morbid examination. Both lungs were studded with little abscesses or softened tubercles. The right lung contained, in the centre of its upper lobe, a cyst, with three hydatids, one of which was the size of a pigeon's egg. Another was found in the right lobe of the liver.

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List of Gentlemen admitted Members, on Tuesday, December 22nd, 1840:—

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William Bulman.
Thomas Clarke.
Thomas Fothergill M'Nay.
Corbett Johnson Cooke.
Robert Delafosse Shield.
John Edwards.
Joseph Dixon.
Edward Henry Chase.
Nicholas Lyttleton.
Henry Squire Wilmott.
George Banister.

VACANCIES, PROMOTIONS & APPOINTMENTS.

ARMY.—15th Light Dragoons; Assistant-surgeon Edward Mockler, from the 79th Foot, to be Assistant-surgeon, vice Reade, who exchanges.—22nd Foot; Assistant-surgeon, John Anderson, from 79th Foot, to be Assistant-surgeon.—53rd Foot; E. S. Docker, gent., to be Assistant-surgeon, vice Bardin, promoted to 98th.—79th Foot; Assistant-surgeon, H. C. Reade, from 15th Light Dragoons, to be Assistant-surgeon, vice Mockler; H. B. Okes, gent., to be Assistant-surgeon, vice Anderson.—96th Foot; Assistant-surgeon, G. Stewart, from the Staff, to be Assistant-surgeon.—98th Foot, Assistant-surgeon, M. Bardin, from 53rd to be Surgeon, vice Bouchier, who retires on half-pay.—**HOSPITAL STAFF.** J. C. Dempster, M.D., to be Assistant-surgeon to Forces.

MEDICAL OBITUARY.

In the Rue Royale, Paris, of a three days' illness, Sir Francis Smith, M.D., physician to Lord Normanby, as viceroy of Ireland, and author of several professional works.

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THIS celebrated work, when first published, eight years since, filled up a wide hiatus in the science of general or structural Anatomy. Its Author, now universally acknowledged as one of the first physiologists of the age, laid the foundation of his fame in the present treatise. The information which it contains, and the fundamental doctrines established by the researches which it records, cannot be too highly appreciated; and though (no doubt) all teachers of physiology are familiar with them, and yearly communicate them to their pupils, yet it is hardly to be expected that the great body of medical practitioners should have had the opportunity of referring to this most important volume. I hope, therefore, to present an acceptable offering to the Profession, by giving an abstract of its contents. A complete translation of the whole work would not, I imagine, prove so generally useful to my professional brethren, as a faithful analysis; and I have endeavoured to add the most important observations which have appeared, on this subject, since its publication in 1830.—*Preface.*

Mr. Solly is already favourably known to the profession, by his work on the "Human Brain;" and he has now laid us under fresh obligations, in becoming the translator of Müller's excellent monograph on the Glands. The work before us, however, is something more and better than a mere translation; it is an analysis and a commentary; with a succinct account of the discoveries made since the publication of the original. Müller's "*De Glandularum Secernentium Structura Penitiori*" was published in 1830; and proclaimed its author a first-rate anatomist, ere his "Elements of Physiology" had procured him the distinguished reputation he now enjoys. Our countryman has had the rather irksome task of Anglicising modern Latin; or, as he expresses it in his preface, "of translating an ancient language written with a modern pen."—(p. 8.) The modern pen, it must be confessed, is too often but an awkward imitator of the ancient *stylus*; but Müller, we believe, "discourseth" pretty good Latinity; and Mr. Solly has rendered it into respectable English.

Müller commences with a critical history of our knowledge respecting the structure of the glandular system; but as he goes no higher than the time of Malpighi, the Editor has briefly traced the antecedent progress of this branch of anatomy from Hippocrates to Wharton. He speaks of Bellini as having made some slight advance beyond his contemporaries; in that he demonstrated the tubular structure of the kidney. Due praise is awarded to Malpighi; who did more towards elucidating the true structure of the glands, than any of his contemporaries; or even than his successors, for nearly a century following. This celebrated man affirmed that "the pericardium itself is a glandular body, which is constantly preparing a peculiar fluid;"—"a principle of physiology," observes Mr. Solly, "only now in process of demonstration."—(p. 5.) An epitome is then given of the discoveries of Ruysch, Mascagni and others; who contributed, by their isolated labours, to lay the foundation whereon Müller has so admirably raised the superstructure. His, assuredly, has been a gigantic task; and he rejoices with honest pride in the reflection, that this most important and difficult branch of anatomy has been cultivated and advanced chiefly by Germans. It may perhaps be questioned whether, in the midst of this gratulation, he has given the prominence that is due to the labours of some of our own countrymen,—especially to the illustrious John Hunter; who was one of the first to demonstrate the true tubular structure of the glands, as shown in the preparations contained in his Museum. These preparations Müller barely alludes to.

The author, after observing that he intends to describe all the glands which throughout the animal kingdom exercise the same function, adds, "that he passes by the lungs, although they are of the nature of secreting glands, because they are well known; his object being to give new observations on things little known, or which have been entirely neglected."—(p. 20.) The second book treats of the intestinal glands. In describing those of the stomach, and the Peyerian glands, Mr. Solly has followed Boehm, in preference to Müller; and has given the whole of Boehm's observations, with several illustrative figures, from his work. The third book treats of excreting glands; the fourth of those which are appended to the organs of generation; the fifth to the mammae; the sixth to the glands subsidiary to the organs of sense; and the seventh to the salivary glands; while the four following books are occupied respectively with the pancreas, liver, kidneys, and testicles. In the chapter devoted to the liver of mammalia, the editor has not omitted an analysis of Mr. Kiernan's important researches, illustrated by means of the wood-cuts which originally appeared in the "Medical Gazette." He has also given a full exposition of Mr. Corfe's views as to the structure and functions of the kidneys; and when we add that the writings of Owen, Bell, Morgan, Sprott, Boyd, Boehm, Davy, Bischoff, and Purkinje, have been laid under contribution, it will be evident, that no pains have been spared to render the work as perfect as the present state of knowledge will allow.

We have no space for extracts, but must refer inquirers to the work itself; which, illustrated by numerous well-executed engravings in lithography, will afford them the latest and best information on this very interesting and important subject.—"London Medical Gazette."

In pursuance of his laudable endeavour to excite attention, in this country, to the great truth, that physiology can only be pursued with the certainty of success when it is based on comparative anatomy, Mr. Solly has brought the substance of Müller's splendid monograph on the glandular system within the means of the English student; and he has incorporated with it several contemporaneous and subsequent discoveries made by other enquirers.

From this summary of the contents of Mr. Solly's volume, it will (we think) appear, that it is one well worthy of the student's acquaintance. The analysis of Müller's work is, on the whole, well executed; and the other selections are made with judgment. The student will in vain look elsewhere, for the same amount of information in so narrow a compass and at so cheap a rate. We must not omit to notice the four lithographs; which contain upwards of seventy subjects, copied chiefly from Müller's folio plates, and well drawn by Mr. Solly.—"British and Foreign Medical Review."

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PROFESSIONAL SKETCHES.

THE LONDON HOSPITALS.

It is a trite remark, but no less trite than true—that the Great Metropolis—the modern Babylon—has nothing, amid its thousand sights and scenes, more striking to a foreign eye, than the number, size, and rich endowments of its Hospitals. “The Hospitals of the English are like Palaces—their Palaces are like Hospitals.” This was uttered as a witticism, but while it details a fact, it bears also a moral, and a moral highly creditable to the character of the people it refers to. The immense revenues of Guy’s and St. Thomas’s, in the Borough, and of St. Bartholomew’s, in Smithfield, and the voluntary contributions which mainly support the Middlesex and St. George’s, at the West End; the Westminster and Charing Cross, in the City of Westminster, together with the two new Hospitals, recently established, in connexion with the Metropolitan Collegiate Schools of Medicine, the University and King’s College Hospitals, bear sufficient testimony to the charity which forms part of the English character, and the munificent liberality by which that charity is manifested. In addition to the Hospitals, there are *scores* of Dispensaries and Infirmarys, also, in great part supported by charitable contributions, although some of these latter would perhaps be more correctly designated as the stalking-horses for ‘Professional Quackery.’ From this mass of charitable intention, undoubtedly much good arises, but the system is also pregnant with evil—not only to the medical profession, but to the public, and it would be a matter of little difficulty to demonstrate the mass of mischief resulting from the indiscriminate distribution of gratuitous advice and medicine.

But such topics may be waived here—for we propose to ask our readers to “walk the Hospitals” with us. To pass the portals of these great buildings—not with the small feeling of small curiosity—but in the full spirit of philosophic inquiry—with the calm temper of searchers after truth—to note what manner of men are to be found therein—to learn the changes to which the human mind is liable under the influence of varied and severe corporeal affliction and infirmity—to mark the complexion of passions, of feelings, and of interests—in fine, to take a lesson from the pages of reality, and glean, it may be, some grains of truth from the many and sad histories which make up the every-day existence of a hospital.—It is not necessary that we should take pains to fix upon any especial building or period. It is not requisite that choice be made, or inquiry instituted, to find the matter for such a series of papers. Every Hospital, every day, contains within itself the material. Step into any

ward, and what displays itself? Humanity in all the stages and periods of its career, from the youthful to the aged—all are there! It may be the very first bed is tenanted by a child, lying helplessly, a mass of disease not induced by ignorance, or contagion, or accident, but from the ill-assorted union of its parents—a creature brought, as it were, into the world, to bear sad evidence that the sins of the parents shall be visited upon the children—a creature apparently created to be an unheeded warning to ignorance and selfishness—a being born only to endure disease—destitute of health, incapable of hope, a type of living death and corruption. The next bed has a different occupant. It is a female ‘who has seen better days.’ One for whom life was once all sunshine; who, with health, friends, it may be, children, little thought of the doom which awaited her.

To be Continued.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 26th December, 1840:—

Epidemic, endemic, and contagious diseases	194
Diseases of the brain, nerves, and senses	192
Diseases of the lungs, and other organs of respiration	359
Diseases of the heart and blood-vessels	24
Diseases of the stomach, liver, and other organs of digestion	58
Diseases of the kidneys, &c.	3
Childbed, diseases of the uterus, &c. ..	12
Diseases of the joints, bones, and muscles	12
Diseases of the skin, &c.	3
Diseases of uncertain seat	151
Old age, or natural decay	90
Violent deaths	39
Causes not specified	4

Deaths from all causes..... 1141

NEW TREATMENT OF SQUINTING.—An ingenious apparatus for the treatment of strabismus has been invented by Mr. Houston. It is somewhat difficult of description, and must be seen to be properly appreciated, but the following may afford some notion of its construction. In intention it resembles the old *goggles*, but is less unsightly, and by the introduction of the mirrors likely to be much more successful, especially in the treatment of squinting in young persons. These spectacles are similar to the common blue or green spectacles, with this exception that the outer sides are square, to which are attached small mirrors corresponding in size to the glass itself. In part of that portion of the frame which rests on the nose are grooves, into which is inserted a piece of pasteboard, about half the size of the glass, but which should be varied in size according to the degree of squint. By this means the patient is compelled to turn the eyes outward, in order to observe an object in which he is powerfully assisted by the mirror. In cases where the squint is confined to one eye only, the mirror and pasteboard are dispensed with on the non-affected side, a piece of glass of equal size to the mirror is substituted.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

DISEASES OF THE EYE, CONCLUDED.—IMPAIRED OR LOST VISION; ARTIFICIAL PUPIL.—ACCIDENTS TO THE EYE; AFFECTIONS OF THE LACHRYMAL PARTS; MALIGNANT DISEASES; EXTIRPATION OF THE GLOBE.

VISION may be impaired, or lost, in consequence of changes in the eye, which obstruct, or entirely prevent, the transmission of light through the pupil; these changes may sometimes be remedied by an operation, which has for its object either the formation of an entirely new pupil, through which the rays of light can pass into the interior of the eye, or the enlargement of the original opening when in a contracted state; either of these operations is called the operation for making an

Artificial Pupil.—The pupil may be closed, or it may be greatly contracted, or its aperture may be obstructed by an adventitious membrane formed by the organisation of lymph, effused in consequence of inflammation attacking the eye. These changes may be produced by inflammation following the operation of extraction of cataract, or, indeed by any of the operations that are performed for its removal; or they may be produced in consequence of iritis, whether idiopathic, or syphilitic, or arthritic. Again; the pupil may be contracted, altered in its figure, changed in its position, drawn out of its natural place, in consequence of prolapsus of the iris, either by a wound of the cornea, or by an aperture made in consequence of ulceration of the cornea. If a wound, or ulcer, be situated near the centre of the cornea, you may have a portion of the iris so protruded that the pupil may be completely closed; or, if the ulcer be situated near the circumference, it may draw it down; and if the prolapsus contain a part of the pupil, it will cause considerable diminution in size, as well as change in its form.—Adhesion of the iris to the cornea, which is technically called *synechia anterior*, is generally attended with an alteration in the size, position, and figure of the pupil; and in this case, when the iris has become adherent to the cornea, in consequence of inflammation, or the pupil has been drawn out of its place by prolapsus, it very generally happens that the cornea is attacked with opacity at the same time, and the opaque part of the cornea more or less covers the pupil. The same cause which produces adhesion of the cornea to the iris, or protrusion, also causes opacity of the cornea itself, which opacity is generally situated just at the part where those changes take place, so that, although there may be a sufficient opening, that opening is rendered nearly useless in consequence of the opacity. Such then are the changes in the eye which prevent the passage of light through the pupil, and require the formation of an artificial pupil. This operation can be undertaken with a reasonable prospect of success only when the changes in the condition of the pupil are the sole alterations which the eye has undergone, the rest of the organ being in a sound state, and more particularly when the retina retains its natural sensibility. Unless the retina be capable of receiving impressions from the rays of light, it would answer no purpose to make a new opening in the iris for the purpose of forming an artificial pupil; you must, therefore, first examine carefully whether the retina is perfectly sensible. Although the aperture of the pupil should be closed with a dense adventitious membrane, still a sufficient quantity of light will pass through it to make an impression on the retina, and to enable the individual to perceive the difference between light and darkness. In individuals, therefore, that have no clear perception between light and darkness, the operation for artificial

pupil would be inadmissible. It is also necessary that the iris should retain its natural structure.—The structure of the iris becomes altered by inflammation; lymph is deposited in its interstices; it loses its natural colour; the usual delicacy and texture of its fibres becomes lost, and its substance is thickened. These changes are, in a great measure, remediable by proper treatment, when you have succeeded in putting a stop to the inflammatory affection; but, in some cases, they proceed so far that you cannot arrest them, although the iritis is removed, and the iris continues so far changed in structure that you would be unable to perform the operation for an artificial pupil.

The operation for artificial pupil consists in cutting a hole in the iris—making a division in its texture; and, in order that it should succeed, it is necessary that the iris should so far possess its natural powers of retraction as to draw aside the opening you make. Now, if the iris be preternaturally changed, if it be thickened by the deposition that has taken place into its substance, the operation would not succeed; you might make an incision through the iris; but that incision would remain a mere line; the iris would not retract so as to convert the linear incision into an opening of some size.—The evidence of the iris being in its natural state will be afforded by its retaining its proper colour; this may be ascertained by comparing it with the sound eye, where the peculiar fibrous structure, which distinguishes its anterior surface, will be very apparent. If, therefore, it is found to be changed up to the ciliary margin, and its fibrous texture is obliterated, there will be great doubt whether you can succeed in making an artificial opening. The two circumstances, therefore, requisite for the performance of the operation, are a natural condition of the retina, at all events such as enables the patient to distinguish between light and darkness, and a natural state of the structure of the iris.—The conditions of the eye in which the operation is applicable are very numerous. The state of the pupil, the circumstance of its being filled, or not, by an opaque adventitious substance, the condition of the cornea, the question whether the iris has been prolapsed, and, consequently, whether the pupil remains in its natural position, these are circumstances which produce such a variety in the details of each case, that you may almost say every individual instance presents something peculiar; and it is hardly possible, therefore, to bring them all to your notice in a general description; hence there have been a great number of operations proposed in cases requiring the making of an artificial pupil; there are about three heads, however, to which those operations are referable. It would be of no use to attempt to describe all the operations proposed; they are by far too numerous for any general description. The first attempt consisted in detaching a portion of the circumference of the iris from the ciliary body. The iris is fixed, by its external circumference, to that part which is called the *corpus ciliare*. If you expose the iris by cutting through the cornea, and draw it with a pair of forceps, you will find that it will give way at the part where its greatest circumference is attached to the point between the cornea and sclerotic coat. Now it was observed, in cases where a blow was inflicted on the eye, that the iris became partially separated in that situation, and that thus a new pupillary opening was formed, the original pupil becoming nearly closed, in consequence of the sides of the opening falling nearly together, when the circumference of the iris was detached. In some such cases the individual was able to see through this new pupillary aperture, and hence arose the notion, that by making a new opening, by separating the iris from its ciliary attachment, the patient might be able to see. This method was not found, however, to answer the purpose, and has, therefore, been abandoned; for although an opening may be made in this way, the sides of it are found to approximate afterwards; that is, the iris gradually regains its position, and the artificial pupil by this operation is not permanent.—Another mode has consisted in making a division of the iris by a cutting instrument, and this has been called by the German writers, *corotomia*; *coro* means iris or pupil, and

tomia means incision, therefore, of the iris. If the pupil be closed, the cornea transparent, and the anterior chamber in its natural state, you will find that the fibres of the iris are on the stretch; therefore if you make a plain cut through the iris in any direction, the margins of that incision retract after the incision has been made; an opening of considerable magnitude is thus formed in the iris. This is a mode particularly applicable in cases in which there is no crystalline lens; in cases, for instance, that occur after operations for cataract. Now different modes have been adopted for making this artificial aperture; there was a mode proposed by the late Sir William Adams, which consisted in employing a very narrow knife, hardly larger than a cataract needle, called an iris-scalpel. The one I now show you is about twice as large as is necessary. This instrument is introduced through the coats of the eye behind the iris, in the situation in which you introduce the needle in depressing the cataract; it is then carried through the iris into the anterior chamber on the temporal side of the eye, and being placed just in front of the iris, is gently drawn back by a sort of counter-motion, so as to cut through the fibres of the iris. Such is the operation of incision for an artificial pupil, called the operation of *corotomia*. Another plan of making this incision in the iris has consisted in the employment of a very minute pair of scissors, a pair not much larger than an ordinary probe; the mode of performing the operation with these consists in making a small opening in the cornea near to its circumference, just as you would do in the extraction of the cataract, excepting that it need not be so large. Of the two blades of these scissors, one has a probe-point, and the other a sharp point; when you have made the opening through the cornea into the anterior chamber, you pass the sharp point of the instrument directly through the iris near its ciliary or greater circumference; the probe-point passes under the edge of the cornea, and it is carried on for some distance; you then divide the iris by closing the blades. Such is the mode of making an incision with the scissors, instead of the iris-scalpel. Both these operations are applicable only to cases in which the fibres of the iris are on the stretch, and where the cornea remains transparent. Now there are other cases in which a considerable portion of the cornea is opaque, the central part, we will say, is opaque, and in that state, which is called *leucoma*, the circumference remaining transparent, the opaque part completely covers the pupillary aperture; yet the circumference of the cornea being transparent, if you could make an opening in the iris, opposite to that transparency, the patient might recover vision. This is accomplished by another kind of operation, which is called *excision of the iris*—where you cut out a piece of the iris; it is called by the Germans *corectomia*—excision. It consists in making a small opening through the cornea at its circumference, close to its connexion with the sclerotic, making pressure of the eye, so as to cause prolapsus of the iris, and then seizing it and cutting out a little bit of the iris. You may then lay hold of the portion of the iris that is prolapsed, with a pair of forceps of the kind I now show you (forceps consisting of a double hook), or by an ordinary pair of forceps,—a pair of minute forceps, and cut it off with any small pair of scissors.—Now, such are modes by which the artificial opening may be accomplished. You sometimes find that the iris cannot be squeezed out, or made to prolapse through an opening created in this manner, and you therefore introduce a minute hook into the eye, with which you draw out a little of the iris; or you may employ a double hook. There is an instrument consisting of a double hook; that is, it has two small hooks attached to the ends of something like a pair of forceps, but which, when you press the instrument together, forms a single hook; you can introduce this into the eye, and on opening it you can take a double hold; a single hook might perhaps tear through the iris. If you come to look into works on subjects of this kind, you will find a number of minutiae described, which it is not necessary for me to enter upon now. I merely attempt at present to lay before you the general mode of pro-

ceeding; you must yourselves adapt the operative process in each case to the exact circumstances of that case.

I should observe to you, respecting the operation for an artificial pupil, that the question respecting the proceeding arises only in cases where the eyes have suffered considerably from previous inflammation. It seldom happens, therefore, that the change in the condition of the pupil, which prevents the transmission of light through it, is the sole change that the eye has undergone; frequently there are other extensive and important changes of the organ, which render the success of the operation very doubtful. In many cases, therefore, the operation is attempted and undertaken with but slender hope. If, however, the patient cannot see at all, and you conceive that there is even a distant prospect of success, it may be better to make an attempt to relieve him, than to leave him in hopeless blindness. In cases where the edges of the pupil are not completely fixed, either by adhesion or other change which the parts have undergone, it would be expedient, before you attempt the operation for an artificial pupil, to apply belladonna to the eye, to see whether you can improve sight by a partial enlargement of the opening. The action of the belladonna does not require that the whole of the edge of the pupil should be free from adhesion; if a small portion of the pupil be unadherent, the belladonna will enlarge the pupil at that place; say that a quarter of the circumference of the aperture is unadherent, it may enlarge the pupil in that situation, though the other three-fourths continue fixed; and if it should so enlarge it as to bring it within the sphere of the transparent cornea, you may find that the belladonna will give all the relief that can be afforded by a new pupil. It is necessary, therefore, to try this first; and I may observe, that where you use the belladonna, whether it be a case of cataract, or one of contracted pupil, or one in which the pupil is partially covered by an opaque cornea, if the pupil be so enlarged as to admit the rays of light to pass through it, which they will not do in its contracted condition, it is not necessary to resort to the operation; the patient can obtain the assistance required by the action of the belladonna. The peculiar effect which the belladonna produces on the eye is continued as long as it can be employed, the effect of the substance not being lost by frequent use. In this case the external employment of the belladonna does not resemble the internal effect produced by it and other narcotics; these lose their influence in the course of time, but the belladonna produces the dilatation just as well at the end of many years as it does at the commencement. I have known a gentleman use belladonna for twelve or fourteen years in this way, and the application at the end of that time enlarged the pupil just as well as it did at the beginning; there was apparently no weakening or diminution of its influence by the continued use of it throughout so long a time.

It is necessary to employ the same precautions in preparing the patient for the operation for an artificial pupil, and to pay the same attention to his condition, both before and after the operation, as are necessary in the operation for cataract. And I should observe further, that whatever process you employ for making an artificial pupil, it will be necessary to make the opening as large as you can. In all these cases there is a disposition in the eye to contract afterwards, and, consequently, although you may make an opening which is very large at the time, you will find ultimately that it is no larger than is required; whereas if you make it just as large as it may appear to be necessary, it will probably in the course of time become less so; make it, therefore, as large as possible in the first instance.

ACCIDENTS TO THE EYE.—The subject of accidents to the eye, embracing the introduction of extraneous substances into the organ, and the wounds which may be inflicted on the globe of the eye, I have not yet mentioned. It is very common for various minute substances to pass between the eyelids, and to get in contact with the external surface of the globe, or to adhere to the internal

surface of the eyelids, in both cases causing great pain by the mechanical friction produced by the various motions of the eye and eyelids. By drawing down the under eyelid, and directing the patient to look upwards, you may easily examine the state of it and of the inferior half of the eye, and ascertain whether any extraneous substance is there. By elevating the upper eyelid, and directing the patient to look downwards, you can bring to view the superior half of the globe; but in order to ascertain the state of the upper eyelid it is necessary to invert it. This is the more necessary where the substances have passed into the eye, as in most instances they become entangled in the upper eyelid. You would at first hardly believe how great an inconvenience is experienced from the lodgment of a minute particle of dust beneath the upper eyelid; it adheres to the mucous surface of the lid, and every time the eyelid moves, the foreign substance rubs against the sensitive cornea, and produces the greatest pain; indeed, if the patient be not relieved he gets no rest at night, and a considerable degree of inflammation comes on. In nine cases out of ten, when dust blows into the eye, and the patient continues to be troubled by it, you will find that it is lodged under the upper eyelid; in order to detach it, all you have to do is to invert the eyelid, so as to get a view of its mucous or internal surface; take the ciliary margin of the eyelid between your finger and thumb, draw the eyelid downwards and forwards away from the eye, and with the end of a probe make pressure against the upper part of the lid; then carry the ciliary margin backwards over the end of the probe, and completely expose the mucous lining; and you will see perhaps, on the surface, a little black speck about the size of the point of a pin; take that off with a probe and the patient is immediately relieved. The minute black speck is sometimes so small, that unless you have had an opportunity of witnessing its effect you would hardly believe it could produce so much inconvenience. Sometimes an extraneous substance of larger size may pass between the eyelids, and rest on the angle of the reflection of the conjunctiva that lines the eyelids and that portion which is continued over the globe of the eye. From its situation, when once you have ascertained that any foreign substance is placed there, it can easily be removed. Extraneous substances sometimes rest on the surface of the cornea, and produce nearly the same inconvenience upon motion as if they were attached to the under surface of the upper lid, though not quite so great pain, as the under surface of the eyelid is not so sensitive as the anterior surface of the cornea; when the substance rests on the cornea the irritation takes place on the under surface of the palpebra, but when the substance rests on the under surface of the eyelid, irritation of the cornea takes place. Extraneous substances lodged on the cornea chiefly consist of pieces of metal thrown off by smiths and other workers of metal; they are generally applied in an ignited state and with considerable force, so that they do not always rest on the surface of the cornea, but sometimes sink into and become impacted in its texture. You may see a small brownish speck on the surface of the cornea not larger than the point of a pin; it is expedient to detach it if you can, for if it be allowed to remain it will excite inflammation of the cornea,—sometimes a pretty active external inflammation of the eye. You cannot, however, separate this speck by the end of a probe; it adheres much too firmly. You will detach it most easily by means of a cataract needle. You get the patient into a good light, separate the lids with your fingers, and direct the patient to look attentively and steadily at any object before the eye, you thus have a clear view of the extraneous substance. When you do this, by the end of a cataract needle you may lift the substance out of its situation; sometimes, however, it is done only with great difficulty.

PENETRATING WOUNDS OF THE GLOBE OF THE EYE—are attended with great risk of serious inflammation of the organ. In the operation for cataract, whether by extraction or depression, we inflict a penetrating wound upon the globe, but there we employ instruments of the most delicate kind, and extremely sharp, so that they wound

the organ with very little violence. We employ them, or at least, we ought to employ them, in such a manner as to inflict the wound very gently, and we operate on patients carefully prepared by previous attention to diet and other matters. Yet under all these advantages we frequently find that these wounds produce violent inflammation; inflammation, in fact, which entirely frustrates the object of the operation. We need not, therefore, be surprised that ordinary wounds inflicted by blunt, rough, coarse substances, with considerable violence, attended with laceration and confusion of the parts, and taking place in individuals who have by no means been prepared for such an injury—we need not wonder that these wounds are attended with very serious inflammation of the eye, in many instances destroying the powers of the organ.—Penetrating wounds of the eye in general require a very active antiphlogistic treatment, together with absolute rest of the eye, absolute rest of the body, and low diet; that is with all the auxiliary circumstances that can conduce to lessen inflammation or prevent its occurrence. Blood should be freely taken from the arm, more particularly in young and strong individuals; leeches should be applied in considerable numbers round the organ; these means are to be continued until all fear of inflammation from the wound is removed. This kind of treatment applies to all instances in which a wound has penetrated the cornea or sclerotic coat, and, *a fortiori*, if it go deeper, that is to say, if it reach the iris, the crystalline capsule, and lens, if it should go through the choroid coat and retina as well as the sclerotic coat, it is, obviously, indispensably necessary. Indeed in all such cases you may consider yourself very fortunate if you save vision even with the adoption of the active treatment I have pointed out, but if you do not employ it, you may be sure sight will be lost.

In penetrating wounds of the eye it sometimes happens that blood is effused either into the anterior or posterior chambers, or into both. If the iris should be detached from the ciliary ligament for instance, blood will flow and fill the anterior chamber. If blood be effused behind the iris into the posterior chamber, the case is still more serious, for that must happen by the rupture of some vessels of the tunics—either of the iris, of the choroid coat, or of the retina. The mere presence of blood either in the posterior or anterior chamber, is of no great consequence in itself, for it will be absorbed. If you should have the chambers completely filled with blood, it will still be removed; but then the presence of blood in the chambers of the eye shows that an injury has been offered to the interior part which is likely to be serious in other respects; and there is one mode by which such violence is likely to be very dangerous; it induces congestion of the retina, and impairs the functions of the organ in the same manner as a violent blow on the head will produce impairment of the functions of the sensorium. You know that a very violent blow on the head without any actual laceration, by producing concussion (a thing which we do not very well understand) may entirely suspend the functions of the sensorium, or very materially impair them; in the same way a blow on the eye which does not penetrate through the external tunics, the infliction of a wound which does not apparently injure any important part, may create an entirely new condition, may produce actual amaurosis, from which state recovery seldom if ever takes place, by congestion of the retina only. In any case where an injury of the globe is attended with effusion of blood, particularly into the posterior chamber, it will generally happen that there is at the same time injury of the retina, and that the patient's vision is very seriously impaired. When an injury of the globe of the eye is attended immediately after its occurrence with great diminution of vision or entire loss of sight, the prognosis is very unfavourable. It may happen that by active treatment, by keeping the organ at rest, by employing those means which are calculated to prevent the occurrence of inflammation, the functions of the retina may be slowly restored, as are the functions of the sensorium after compression; but in a great number of cases the loss of vision is permanent, and we do not suc-

ceed in restoring vision when amaurotic blindness has been produced in a decided manner immediately after the occurrence of the injury.

AFFECTIONS OF THE LACHRYMAL GLAND AND PASSAGES.—The lachrymal parts of the eye are liable to some disease.—The lachrymal gland, like other parts of a similar texture, is very seldom diseased, but I have had a few opportunities of seeing chronic enlargement of it, with change of structure,—of seeing it slowly enlarged in size, so as to cause protrusion of the eye from the orbit, the nature of the affection being indicated by the development of a tumour, and by the projection of that tumour externally, in the situation which we know to be occupied by the lachrymal gland, and by pushing of the eye downwards and inwards. I have removed the lachrymal gland under such circumstances, and have found enlarged, perhaps to the size of the last joint of my thumb; hardened in its texture, but not exhibiting that form which should properly be called *scirrhus*. In fact, in the instances in which I have performed this operation, it has been clear, that although the lachrymal gland has been very much diseased, and although the tumour, that is the enlarged gland, has possessed considerable firmness, yet that there has been nothing malignant in its nature. The removal of the gland has been perfectly successful. The most common affection of the lachrymal organs is inflammation, either acute or chronic, of the lachrymal sac. The lachrymal sac, and the duct which conveys the tears from it into the nose, may be affected with acute inflammation, and at the same time a very sensible tumour forms in the internal angle of the eye; the mucous membrane of the sac becomes swelled by inflammation, and forms a firm tumour about the size of a horse-bean. Great pain is experienced in this swelling. The tumefaction, which at first is formed in the internal angle of the eye, soon seems to spread to the lids, and then there is added to it a soft cedematous swelling of the palpebræ. The membranous lining of the sac and of the nasal duct becoming swelled by inflammation, and not being able to expand—being confined in bony canals—the tube through which the tears should pass into the nose is obstructed, and the passage of the tears is consequently suppressed, so that they flow over the lower eyelid down upon the cheek. In the more acute cases, the pain which the patient experiences is excessive; it is much greater than you would suppose possible, considering merely the extent of the mucous surface of the sac and nasal duct, for that is certainly inconsiderable; but, you must recollect, that these are very vascular, that they are confined in bony canals, and cannot give way; there is a sense of tension, and an acute pain which extends around the eye, and over the whole side of the head; the tumefaction of the lids consists, not only of complete closure of the eyes, but frequently this cedematous swelling occupies nearly the whole side of the face and head; the inflammation of the parts occupied by the swelling becomes very considerable, and the pain of the head is so great, that the patient is, not uncommonly, delirious at night; in fact the local and general symptoms in cases of this kind (although the extent of the inflamed membrane is very trifling), are as considerable and alarming in appearance as if there were serious inflammation of the membranes of the brain. The passage of the tears, as I have mentioned to you, is suppressed, in consequence of the obstruction of the canal by the swelled state of the membrane. Where this inflammation takes place in the highest degree, suppuration will occur; the lachrymal sac suppurates; matter forms and makes its way out at the corner of the eye; when the inflammatory tumefaction has become diminished, you will find a mixture of matter and mucus flowing out. This continues for a time; if the inflammation subside, the natural passage is restored, and the opening closes. In those instances which do not proceed to the formation of matter, the swelling in the internal angle of the eye subsides, and, after a time, a thick yellow fluid escapes through the puncta lachrymalia; the inflamed surface of the sac produces a puriform discharge, similar to that which is discharged from the eye in cases of inflammation, and after dis-

tending the sac, exudes through the puncta lachrymalia, more particularly if pressure be made with the finger on the surface of the sac. This is at first yellow; then it becomes thinner, and at last it has a transparent appearance; the passage of the tears is restored, and you have no longer escape of fluid through the puncta lachrymalia.—The TREATMENT in this case must of course be antiphlogistic. In the more violent cases, active loss of blood is necessary,—the application of numerous leeches over the inflamed sac, and about the angle of the eye, with the adoption of other parts of the antiphlogistic treatment. Sometimes, the inflammation goes into the chronic stage; the passage of the tears into the nose is not re-established; increased secretion takes place from the mucous membrane of the sac, distending the sac, flowing out through the puncta lachrymalia when pressure is made on the internal angle of the eye, and then they remain in a state,—the lachrymal sac, at least, is in a state—in which the patient experiences more or less inconvenience from this increased secretion, from the occasional more active inflammation to which it is subject, from the permanent flow of the tears over the lower eyelid, from which he generally endeavours to obtain relief by an operation for re-establishing the natural course of the tears. This state of chronic inflammation sometimes arises slowly, and without the previous occurrence of acute inflammation. A small swelling gradually takes place in the internal angle of the eye,—a swelling which is colourless, or, perhaps, but slightly coloured; and the eye waters; that is, the water flows down from the eye over the cheek, instead of going into the nose, its natural passage. Now in this state, perhaps, the patient experiences some pain in the angle of the eye; at all events, the eye feels weak, the vessels become distended; on using it, it will not bear exertion as in the natural state, and if the end of the finger be pressed on the small tumour that arises in the internal angle, there flows out through the puncta lachrymalia either a thin yellowish fluid, or a viscid ropy semi-transparent fluid with yellowish streaks in it, or a clear fluid, partly of a watery description; the one or other of these fluids arises in consequence of greater or less inflammation of the sac. Sometimes, when the tumour is pressed on, it subsides, and no efflux takes place, except its flow through the nasal duct into the nose.—In the chronic inflammation of the lachrymal sac attended with this tumour, the first object is to remove inflammation by leeches, and other such means. When this is accomplished, you will sometimes find that the natural course of the tears into the nose is re-established, for no doubt, in all these cases, the obstruction of the tears into the nose arises simply from the inflammatory tumefaction of the membrane lining the nasal duct. If, however, the passage is not re-established, you may apply mild astringent lotions to the surface of the eye, or at least to the internal angle, where they will be taken up by the puncta lachrymalia and carried into the nasal duct; this sometimes has the effect of restoring the passage. A solution of alum, or of the sulphate of zinc, or of the nitrate of silver, will answer the purpose. If the course of the tears be not restored by the employment of these means, supposing all inflammation is removed, and that the patient experiences no inconvenience from inflammatory affection—that he merely suffers from occasional distention of the lachrymal sac, it will perhaps be best for him to submit to the inconvenience, as he can liberate himself from it by pressing the distended sac with his fingers once in the twelve or twenty-four hours. If, however, as sometimes happens, there be a permanent obstruction of the nasal duct, so that the tears will not pass down into the nose, and if inflammation be kept up in the sac, producing redness of the integuments covering it, giving rise to repeated inflammation of the integuments, and also to attacks of inflammation more or less severe of the mucous membrane—of the conjunctiva of the eye, then it becomes necessary to adopt some measures for permanently re-establishing the course of the tears. Various means have been had recourse to for this purpose, but I shall only mention that which consists in making an opening ex-

ternally into the distended sac, with a sharp-pointed double-edged knife. The anatomical points which denote the situation of the sac are so clear, that there is no difficulty in making an opening into it. But the proceeding in question is rendered still more easy in these cases, in consequence of the distention of the sac pointing out the situation for the operation; you see a small swelling in the internal angle of the eye; you plunge a knife into it; introduce a probe through the opening until it comes to the part where the passage is obstructed, and then force it into the nose; after that you take a piece of bougie, about three-quarters of an inch in length, introduce it into the opening, and leave it there, bending the extremity where it rests on the edge of the wound. After this has been in for two or three days, take it out and introduce a larger one, and when the opening is not sufficiently enlarged in this way, remove the bougie, and instead of it place in the sac and nasal duct a kind of small silver probe with a black head, which has been called a *nail-headed stile*, and which remains in the internal angle of the eye. The instrument is contained in the lachrymal sac and duct, and although it would appear on first sight, that a piece of solid substance like this would prevent the tears from passing down through the duct, yet we find that in this case, as in that of an instrument in the urethra, the contracted part enlarges around it, and the tears find their way along it into the nose. The patient is obliged to wear it for a considerable time; it is not very safe to remove it, as there is a great disposition to a return of the disease in those parts. This is certainly the simplest and most effectual mode of proceeding for the relief of such patients.

MALIGNANT DISEASES AND EXTIRPATION OF THE EYE.—I shall just mention to you shortly the mode of *extirpating the eye* in cases requiring that proceeding. I have had occasion to mention, in speaking of cancer, fungous hæmatodes, and melanosis, that the globe of the eye is subject to those three affections. The eye is liable to cancer; that is, the globe of the eye may be converted into a scirrhus mass, in which all trace of the natural structure of the globe is lost. In case this change should be confined to the globe of the eye, and not extended to the eyelids, and should it also be loose, it may be expedient to give the patient the chance of relief by removing it. In the case of melanosis, that is, in the case of a conversion of the eye into a peculiar black texture, a substance of a sooty blackness, provided the change be confined just to the globe of the eye, that you can suppose the optic nerve is not involved in the disease, and have no evidence that any internal organ is effected,—you may also give to the patient the chance of the benefit of extirpation. In many cases where it has been performed early, the operation has been successful, and the life of the patient has been saved; if the operation be not performed, we know that the tendency of the complaint is to destroy life, and that it will go on to its destruction.—With respect to fungous hæmatodes, the case is different; even when the operation has been performed at the very earliest periods, the cases have invariably been unsuccessful; the disease has returned in this or some other organ of the body, so that where the eye has been removed, and where the newly deposited texture has been completely confined to the textures of the eye, relapse has taken place.—Now, the operation in any of the cases I have mentioned is very simple, and very easily performed. You want to obtain a complete exposure of the anterior surface of the eye, and the best mode of doing this is to slit up the external commissure of the eyelids, making the external opening between the eyelids about half an inch larger than natural, so that you can turn the eyelids out, and get the anterior surface of the globe completely exposed; then with the ordinary knife, the ordinary scalpel, you cut through the conjunctiva which passes from the upper eyelid to the globe, and continue dissecting close to the superior surface of the orbit, separating (which you very easily can) the loose cellular texture that exists between the globe of the eye and its parietes, until you have gone as far back as possible; you then proceed in the same way at the sides and below, so as to isolate the whole from the bony

cavity; the diseased mass then remains connected only in the fundus of the orbit by the optic nerve and by the muscles, through both which you cut by an instrument passed in on the external side of the orbit; the external side slants inwards in an oblique manner, while the internal is nearly straight; you can easily carry in a curved knife, or a curved pair of scissors, on the external side, and cut through the optic nerve and muscles; the mass then comes out. All you have to observe in the dissection is, to carry the instrument closely in upon the surface of the bone, yet not so as to cut actually upon the surface of the bone, for you will recollect particularly, that the upper surface of the bone is very thin; that it might easily be punctured by the sharp end of the knife, and that if this accident occurred you would wound the dura mater. When you have thus removed the parts, you must just examine the under part with your finger, to satisfy yourself that you have removed the whole, and if you have left any part behind, take it out; be particularly careful to see that you have taken out the lachrymal gland; it is in a kind of hollow, and might easily be left behind if you were not particular in its removal. When the contents are removed for cancer or melanosis, you must take away the whole of the soft parts contained within the cavity of the orbit, the patient is not safe if you leave any part behind. After removing the general mass in the first place, see that you have taken out the whole, by looking carefully over it, removing any fragment that may have been left behind. In cutting through the optic nerve and dividing the ophthalmic artery (which is of a considerable size, a large branch of the internal carotid), you will find that it bleeds very freely at the time. It is situated so deeply, that you cannot possibly tie it, and the patient generally loses a considerable quantity of blood; however, the bleeding generally stops spontaneously; it may, however, be necessary to stop the bleeding, and you must do that by compression; fold up a piece of lint of a conical figure, and pass it into the orbit, so that it will press against the bleeding orifice of the divided ophthalmic artery; after a certain length of time, remove it. Having thus taken away the contents of the organ, bring the flaps over the orbit, and confine them by a couple of sutures, where you have slit up the external commissure, then cover the part with a rag dipped in cold water. You must by no means think of doing that which is sometimes practised; that is, introducing lint or sponge into the cavity of the orbit. Some operators seem to think, that because they have made a large hole in the orbit, they ought to introduce something by way of filling it up again, but this cannot be of any possible service, while, like all other extraneous substances, it is very likely to excite inflammation. You will recollect, too, that the cavity of the organ is closely connected with the cavity of the cranium, that the fibrous membrane which lines the orbit is in immediate continuation with the dura mater, and thus that inflammation arising in the cavity of the orbit will invariably and necessarily extend itself into the cavity of the cranium; so that all means, both with respect to dressing and other treatment, are to be adopted, which are calculated to diminish the chance of the occurrence of inflammation.

FOREIGN JOURNALS.

Gazette des Hopitaux.—*Journal de Chimie Medicale.*—*Hufeland's Journal.*—*Gazette Medicale.*—*Monatsschrift für Medicin.*—*Medicinisches Correspondenz-Blatt.*—*Zeitschrift für die Gesamte.*—*Wochenschrift für die Gesamte Heilkunde.*—*Zeitschrift für die Gesamte Medicin.*

Diseased Joints and Bones cured by Mercury.—The *Gazette des Hopitaux* contains several cases by Dr. TROUSSEAU, of the Hospital Necker.—A young man was attacked with wandering pains in the left knee, with swelling of the articular extremities of the bones. At length the pains became extremely

violent, with impossibility of walking. Two years later the symptoms occurred in the right knee. After another year one of the elbows became affected in the same manner. The man had never suffered from blennorrhagia, chancre, or any other syphilitic affections, nevertheless he was treated by iodure of mercury, and the sublimate bath, which completely removed the disease in two months and a half. Some months afterwards the disease relapsed in one of the feet, and was cured by the same treatment.—A female, thirty-nine years of age, now in the Hospital Necker, experienced, thirteen years ago, pains in the sternum, *which were more acute during the day*. The sternum became deformed, but the pains disappeared at the end of six months. Three years ago the pains returned with increased violence, like cramps, in the posterior part of the cervical region, and they again ceased. Eight months afterwards, the pains in the neck returned, with considerable swelling of the bodies of the five first cervical vertebræ. At the end of five months, the upper extremities became incompletely paralysed, with a sensation as if pinched in a vice, and they were unable to raise a weight of four pounds, but this semi-paralytic state gradually disappeared. Neither the lower extremities, nor bladder, nor rectum, were affected. The respiration was perfect, so that no deep-seated affection of the spinal chord could be suspected. On examining the neck there appeared to be an hypertrophy of the bodies of the five cervical vertebræ, without pressure upon the spinal chord, but the hypertrophy, by diminishing the inter-vertebral foramina, had compressed the nerves, which produced the incomplete paralysis of the arms. Warm baths, containing an ounce and a quarter of sublimate, with the internal use of protoiodure of mercury, and sarsaparilla, are prescribed.

Syphilitic and Tuberculous Ulcerations of the Larynx.—The *Bulletin de la Société Anatomique* supplies these facts. How these affections are to be distinguished is a question of real importance, inasmuch as either of them would be fatally aggravated by the treatment suited to the other. Dr. Barth recently presented to the Society the larynx of a patient who died of syphilis, the morbid appearances of which throw some light on this subject. The epiglottis was deformed, and the seat of several cicatrices. Fistulous communications existed between the air passage and the œsophagus. The cartilages were partly ossified, and even carious; the membrane covering the arytenoid cartilages and epiglottis was œdematous, and the glottis contracted. There were also tubercles disseminated in the lungs. Dr. Barth, whose attention to diseases of the larynx entitles his opinion to consideration, says, that the syphilitic ulcerations begin at the upper part and extend downwards, while the tuberculous ulcers commence at the lower part, or even at the trachea, and proceed upwards. But how are we to determine during life the precise spot in which the ulcer is seated? By auscultation of the different parts of the larynx and trachea, we may determine the exact seat. For instance, laryngeal ulcerations, with tumefied orifice of the air passage, would produce a sonorous cry, more especially on inspiration. The presence of cavernous rattle in one point of the larynx would reveal an ulceration at that part; and where it exists all round the organ, the maximum of intensity would indicate the more extensive ulceration.—On dissection, according to this author, it will be found that syphilitic ulcerations are generally on the anterior parts of the larynx. They cicatrize in one point, and break out afresh in others; but the tuberculous

rarely heals, and invades the posterior part of the trachea, or of the epiglottis. The cartilages are similarly affected in both of these affections, so as to afford no differential sign.

Aneurism of the Arteria Innominata—Death from Suffocation—Peculiarity in the origin of the healthy Carotid.—The same Journal gives the following:—A man, 40 years of age, subject to fits of suffocation, which required repeated bleedings for their relief, fell from his horse, and was senseless for about 20 minutes. The surgeon or no-surgeon, who attended the patient, imagined a fracture of the ribs and clavicle, and it was not until after seven weeks of suffering that M. Berard was called in. The patient complained of acute pain in the left side of the neck, and its corresponding member. No fracture existed, and as the symptoms were ascribed to contusion, preparations of belladonna were administered. The man was suddenly seized with excessive dyspnœa, the respiration was sibilant. The sibilant rattle was heard on auscultation, yet the lungs universally expanded. A round tumour now suddenly appeared above the sternum, towards the left side; colourless, smooth, and pulsating isochronously with the heart; the stethoscope detected in it a double pulsation; a sense of constriction was experienced in the throat. The left thoracic member was cold and livid; no pulsations were felt in the radial or humeral artery. The right member was in its natural state. M. Berard now perceived that he had to deal with an aneurism either of the arch of the aorta, or of one of the trunks which it gives off. The sudden appearance of the tumour was ascribed to the rupture of the inner membrane of an aneurismal sac within the chest, so as to form a second pouch, which last supposition was not verified on dissection. The absence of pulsation in the thoracic member was ascribed to a coagulum in the subclavian artery, which was afterwards verified. The fits of suffocation which daily increased in intensity at length carried off the patient.—The *dissection* proved the aneurism to be in the arteria innominata without trace of the double pouch of different date, which had been anticipated. The subclavian artery was obliterated by a clot of recent formation. The relations of the tumour with the surrounding parts account for the pain in the œsophagus, the dyspnœa, and the sibilant respiration. The left carotid arose by two distinct trunks, which unite after a short space into one.

Sanguineous Exhalation in the Cavity of the Arachnoid.—This case was presented to the Anatomical Society by M. Barth, to show with what facility a thin fibrinous or pseudo-membranous layer may be taken for the arachnoid itself, and, together with sanguineous effusion, induce an appearance of hæmorrhage between the dura mater and anachnoid.

Effects of Opodeldoch in Caries of the Bones, with Fistulæ.—The *Annales de la Médecine Belge* contains cases illustrating this fact. A man pierced his finger with a piece of iron, which broke into a considerable inflammation, and swelling ensued, with thirst, sleepiness, agitated pulse. An abscess formed in the sheath of the flexor tendon; caries attacked the bone. Storax and substances of the same class were employed for a long time in vain, in consequence of which incisions were made down to the bone, and pledgits dipped in opodeldoch and linseed oil were introduced. This dressing occasioned great pain and heat, but by continuance, completely cured the disease.—A man had caries of the tarsus, and metatarsus of long standing, with abundant fetid sanæous discharge, hectic fever, abscesses in the

leg and thigh, colliquative diarrhœa and perspiration. Amputation was on the eve of being performed, when it was determined to make a trial of the opodeldoch and linseed oil; the carious bones were freely denuded by crucial incisions through the superincumbent parts. The wounds were dressed by the liniment in question, and the whole foot was covered with it. By this treatment the man was cured.

Large doses of Bark in an Epidemic Typhus Fever, with remission every morning about four o'clock.—The same journal contains facts on this subject. In this epidemic, the heat on the skin became sensibly diminished, and sometimes was almost natural about four o'clock in the morning. The skin perspired slightly, the tongue became moister, the thirst less intense, and the pulse subsided. In fact, every other symptom abated. Six drachms of powdered bark were administered in divided doses between the hours of remission and eight o'clock. The bark was not administered where inflammatory symptoms existed, and was in every case preceded by purgatives or emetics with or without bleeding, according to circumstances, for four or five days. The treatment was found invariably successful, and was tried in a great number of cases.

Confluent Small-pox—Local applications to the Variolous Pustules an effectual remedy.—Our last Number contains the experience of M. CHOMEL on this subject, and, as we conceive the fact to be one of great importance in therapeutics, we notice some reflections in the *Gazette des Hôpitaux* in favour of the treatment in question. "We have already," says that Journal, "had occasion to address our readers on the use of the *Emplastrum de Vigo cum Mercurio* in preventing pitting from variolous pustules. We have since witnessed the results of the practice in a great number of cases in the Paris hospitals. We have, ourselves, employed the remedy repeatedly, and we can affirm that its use has always been followed by the happiest effects, whenever it has been had recourse to *early enough*, and has been *properly applied*. We perceive with pleasure, that the experiments first instituted by M. SERRES, and continued with such complete success by M. BRIQUET, of the Hospital Cochin, are being actively pursued, for we are convinced that ere long a *specific treatment for small-pox* will be established. From time immemorial mercury has been taken internally in small-pox, but the idea of applying it externally never occurred. It was remarked that when small-pox attacked persons under salivation, its violence was diminished." Messrs. Serres and Briquet cover the face entirely with the plaster, but the eyelashes are anointed with the Ungt. Hydrarg. By means of this application, the exanthema either disappears or is converted into *vesicles* or indurated points (*tubercles*). The vesicular termination of the papulæ under the use of the mercurial plaster differs in no respect from herpes as to appearance. They are surrounded with a light rosaceous areola, but the skin in the interval is neither coloured nor swollen, whereas the reverse is the fact in parts not covered with the plaster. Suppuration never takes place, consequently pitting is avoided.

Small-pox has become very prevalent in Gloucester, among young children and infants. It is conjectured that the sharp frost which has taken place will abate its virulence.—*Bristol Standard*.

Dr. Frampton, senior-physician to the London Hospital, has resigned, thus creating a vacancy in the post of assistant-physician. Dr. Patrick Fraser is a candidate.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

Descriptive Catalogue of the Preparations in the Museum of the Royal College of Surgeons in Ireland. By J. Houston, M.D., &c. Vol. 2. Pathology. Pp. 694. Dublin: Hodges and Smith.

The Colonial Magazine for January. Edited by R. Montgomery Martin, Esq. Fisher and Co.

The Medico-Chirurgical Review. Edited by J. Johnson, M.D., &c., and H. J. Johnson, Esq. No. 67, for January. (In Exchange). Pp. 308.

The Retrospect of Practical Medicine and Surgery. By W. Braithwaite, Esq., M.R.C.S. &c. Pp. 418. Simpkin.

J. F. — Our editorial department remains unchanged.

All business Letters for the 'Medical Times' must be addressed to the Proprietor, T. BAILEY, at the Office, 10, Wellington-street North, London.

THE MEDICAL TIMES.

DISEASE IN THE METROPOLIS—THE PUBLIC THE PARTIES INTERESTED IN MEDICAL REFORM.

THE question of Medical Reform is one not of party but of principle—not of professional honour or emolument only, but of public security and welfare. Upon the proper education and enlightened skill of the practitioner depends the safety, the life, of the patient—upon the intelligence and integrity of the medical profession at large rests the onerous burthen of the public health. Medical men are interested in the question as one of private consequence—but the public are in reality the parties who suffer most severely from the continuance of the present state of things.

Nor is the question as respects the public restricted in its bearing to any particular class or section of the community. It does not bear upon this profession or that trade—it is not confined to this or that interest—to the agricultural or to the commercial community—but it influences and affects *all*, from the highest to the lowest—the dweller in large cities and the far-off resident in solitary rural neighbourhoods. From the hour of birth to the moment of death the *doctor* is ever and anon the arbiter of the destiny of every human being in a civilized community—and upon the *doctor's* skill and judgment rests the fate of the patient.

The more fortunate portion of society, possessing the command of money, are apt to think that its talismanic influence, enabling them to secure the services of the most eminent men in the medical profession, removes from them all danger. This notion is as fallacious as it is selfish. The air that is breathed by the pauper is breathed by the peer—fortune makes many differences, but all alike hold their existence upon the same fixed and immutable laws. In the heart of the great metropolis, and within a stone-throw of the residences of the aristocracy, exist nests of poverty, filth, ignorance, and disease, untended and unchecked. The useful labours of one of the societies—the Statistical—have demonstrated that in the most

opulent as well as the more wretched quarters of London, streets, courts, and alleys, are in existence, which are perfect hot-beds of disease—abodes of poverty and wretchedness, and absolutely reeking with pestiferous exhalations. In other instances whole neighbourhoods may be found where ignorance, vice, and want conspire to thicken a very fog of influences for breeding contagious and epidemic diseases in their most formidable shapes. Disease once rife, spares neither age nor condition. The law of the animal economy which slays a beggar slays a lord. The great plagues and pestilences which sweep over other countries, depopulating cities, and throwing whole lands into a state of desert, and which, in days of greater ignorance of natural laws, ever and anon visited us—these fearful things are subject now, as then, to the same laws, and whenever those laws are violated, the same fearful consequences are induced. A partial infraction assisted, if it did not produce, the ravages of CHOLERA, which threw this country—nay, all Europe, into alarm, a few years since. The improvement of medical science and the general diffusion of intelligence have contributed to lessen these visitations, both in frequency and force, but there still remains much to be done before we may safely or prudently indulge in a feeling of security. Until we have wise legislative arrangements for securing public health, by the reform of our medical polity, we leave ourselves at the mercy of chance; and that such arrangements may be made, it is requisite that the public should see the true bearings of the question, and aid the disinterested endeavours of the honest and enlightened Members of the Medical Profession. That the ills pointed out are not imaginary—that they are not in perspective, but at our very doors—the public press daily bears evidence. The frightful scourge of SMALL-POX is daily increasing in strength and virulence. The provincial papers give ominous notices to this effect, while not a week passes without some such announcement as the following being found in the London Journals:—

DISTRESS AND DISEASE IN SHOREDITCH.

In consequence of a representation made by Mr. R. F. Burton, Surgeon, of the Hackney Road, respecting the extensive prevalence of Small-Pox, and other contagious diseases, in three courts, containing altogether about 120 hovels of the meanest description, named Old, New, and King's Courts, were visited yesterday (Tuesday) by a deputation from the Board of Guardians. These courts are inhabited by the lowest classes of Irish; by vagrants, gipsies, and prostitutes of the lowest description; and the property having been for some time in Chancery, has been a crying nuisance to the surrounding neighbourhood. In New Court, where disease has been most prevalent, each house consists of two rooms which let for 1s. 6d. per week. The rooms are about four yards square, and in one of these, inhabited by no less than eleven persons, Mr. Burton was called upon to attend no less than seven who were labouring under Small-Pox. Many of the patients have also been labouring under slow typhoid fever, and so great was the alarm created in the neighbourhood, that, through the interference of the guardians, all the miserable tenants had notice to quit next Monday, and the person who collects the rents has received orders to thoroughly cleanse and whitewash the buildings. The

board have also issued an order, that all the infected in these three courts shall be immediately removed, and attended to in the parish workhouse. There is amongst the poor a strange reluctance to this last alternative; and in particular, a large family of gipsies, in which three children lay extremely ill, removed into the country yesterday morning. A great deal of disease, particularly amongst children, prevails in the neighbouring locality, which is, in most cases, referable to affections of the chest and lungs, and principally attributable to the want of proper food and clothing.—*Morning Herald*, Jan. 6, 1841.

The alarm, then, is not premature or unfounded. The question interests every body, and this fact must be learned and *felt*, in order that we may secure a broad and enlightened measure of MEDICAL REFORM.

ON DEAFNESS, FROM OBSTRUCTION OF THE EUSTACHIAN TUBE.

BY JOHN STEVENSON, ESQ., M.R.C.S., &c.

Fifth Paper.

THE practical facts and cases detailed in the foregoing papers relative to obstruction of the Eustachian tubes, will enable the reader to form a pretty correct judgment as to the alleged value of the mechanical expedient recently introduced into practice on the Continent, and subsequently imported into this country, for the purpose of re-opening the passage, under the name of CATHETERISM, a term deduced from the instrument usually employed in the operation. A review of the several exciting causes of the disease warrants the inference, that the mode of treatment alluded to must be exceedingly partial and limited in its use, while its misapplication may inflict not only distressing and disastrous, but, as *has actually happened*, even *fatal consequences*! It is only necessary to reflect upon the anatomical structure of the fauces and Eustachian tubes, to be convinced of the extreme difficulty, and in many cases the utter impossibility, of carrying the proposed operation into effect. At all events—as already stated—it cannot be had recourse to with safety, or the remotest chance of success, in the mal-conformation or obliteration of the Eustachian tube by ossification, or by the adhesion of its membranous parietes. Under acute inflammation of its lining, and consequent tumefaction and contraction of the area of the tube, the additional irritation that must be excited by the forcible introduction of a silver catheter or metallic probe into the passage, is calculated not only to give *excruciating pain*, but to *augment existing inflammation*, and thereby to multiply tenfold the mischief it was designed to obviate.

In *refutation* of the *alleged facility, safety, and freedom from pain*, with which it has been unqualifiedly asserted that catheterism and insufflation of the Eustachian tube can be performed, I will content myself with quoting the following passages from a recent lecture on the subject, delivered by M. Martin, a very competent authority, and Physician to the Royal Institution for the Deaf and Dumb at Paris. In describing the operation he states, "When the point of the instrument arrives at the superior border of the velum palati, the operator knows when he touches the posterior surface of the palate, by an *involuntary* effort of *deglutition* in the patient, and it is here that *some accident* may possibly arise of a *dangerous nature*! Sometimes there is a fit of *convulsive* cough and vomiting. When there is an alteration of the parts in the neighbourhood from some morbid condition, it is *often necessary to grope about before the instrument enters the cavity*. In some cases it is *utterly impossible* to effect

our object. Sometimes there is an increased length of the tube, so that the silver catheter or probe will not pass, on account of its inflexibility, and the *pain it occasions*." * * * "In some cases it is *impossible to practise catheterism* by the nares (viz., passing the instrument into the throat through the nose), an exostosis or node—a bony excrescence—often opposes the introduction of the instrument; sometimes a polypus will do so, and so may a tumour of any nature whatever. *Catheterism being in these cases extremely difficult, sometimes impossible* it may be better to employ it by the *mouth*; but in this manner there is *difficulty*, from the extreme sensibility of the parts about the palate, which causes *much pain of the parts touched for several days afterwards*!—*Catheterism* by the *mouth*, however, is *difficult*, in some persons who cannot depress the base of the tongue, or in whom the *tonsils* are *enlarged*. Infants will not bear the operation by either passage, the parts engaged being so very irritable in them." * * * "Sometimes there is a little *hemorrhage*, but *seldom* of any severity; a *troublesome coryza* often follows the operation when frequently performed."—So that after occasional and even severe bleeding from the throat, or distillation of humours from the nose—added to *much pain for some days* after the parts have been touched—this *alleged marvelously mild, easy, and successful operation* is so inefficient as to require *frequent repetitions* before any salutary effect is produced, should it even eventually be capable of affording the smallest benefit!!

With similar views, *insufflation*—or blowing air into the tympanum through the medium of the throat or nose and Eustachian tube—is also represented as an *equally safe* and radical cure for deafness. But what says the respectable author already cited on these points? "The *air, on entering the cavity of the ear*," he emphatically states, "*causes intense pain*! The mucous membrane is sometimes *ruptured*, and a submucous emphysema—or puffy swelling produced by air being forced into the cellular texture—takes place on insufflation being effected. It extends to the external meatus, and *over the whole face*!!" Is not this, the occasional result of the operation, in the last degree alarming? Has not the dangerous practice *caused* the *instant death* of more than one patient in this metropolis? Have there not also been *many instances*, in the meridian of London, of acute sufferings—assuaged with difficulty by perseverance in the most active and rigorous local and constitutional treatment—produced by the vauntedly innocuous insufflation and catheterism? Without appealing to any other evidence, it is enough to refer, for a proof of the fact, to the terrible case of the late lamented Lord William Russell, detailed in a former number of the *Medical Times*. His Lordship declared that the *operation of catheterism* he was persuaded to undergo for the avowed purpose of opening his obstructed Eustachian tubes—a process he was assured would speedily and infallibly restore his very defective hearing to the highest perfection—though performed by one of the most skilful Parisian surgeons *caused agonizing pain*, and, *for some days, involved even the life of the nobleman in extreme peril, without affording the slightest improvement of his deafness*! And yet this case—the Author ascertained from having been subsequently consulted by his Lordship—presented unusual facilities for that mode of treatment, which, notwithstanding, proved terrible, and utterly useless, in its effects!

Admitting, for the sake of argument, that, in spite of the opposing difficulties above enumerated—the catheter should reach the guttu-

ral mouth of the Eustachian tube, under circumstances of enlarged tonsils, it is quite clear that, although by displacing the gland so as to re-admit the entrance of air into the passages, the hearing may be momentarily restored,—the resumption of its former position, after the withdrawal of the instrument, will occasion a return of the deafness! Thus, catheterism may obtain an unmerited and casual reputation as a marvellous, but only temporary, mode of cure, without, at the same time, contributing to the permanent removal of the exciting cause, viz., tonsillary tumefaction, for the reduction of which other and more appropriate remedies are indispensable. Should the fauces and the guttural extremity of the Eustachian trumpet be inflamed, what must be the effect of "*groping about*" their *morbidly sensitive* membrane, or *pushing or thrusting against it* with a *hard unyielding catheter or probe*, introduced through the mouth or nostrils? Can such a source of suffering and injury tend to alleviate existing irritation?—Is not the expedient, on the contrary, far more likely to augment every symptom, and induce more serious and enduring mischief? But further,—suppose the parts alluded to are not only inflamed, but also *ulcerated*, the torture and extended disorganization that must ensue from rude and *forcible* attempts to pass the instrument into the Eustachian tube, may be more readily conceived than described. In the event of the passage being stopped simply by the swollen state of its mucous lining, in consequence of inflammation—to say nothing of the admitted difficulties and dangers of the operation,—the *pressure* of the instrument, while engaged in *dilatating the highly irritable membrane*, cannot but be productive of *exquisite pain*, and of increased local excitement, very likely to end in a complete and irremediable obliteration of the tube by subsequent adhesion of its parietes!

In the foregoing hasty and imperfect list of throat-diseases which—by affecting, and more or less obtunding, the aerial viaducts—occasion a partial, or total loss of hearing, there is NOT ONE to which the eulogised system of treatment by *catheterism* or *insufflation* can be applied without great risk of causing considerable, sometimes intense agony, and increased local injury. Even in the instance of Eustachian deafness arising from an accumulation of mucus, or other morbid secretions in the passages—the form of the malady to which, if used at all, the operation should be restricted—the very objectionable and hazardous expedients are, in a great measure, if not altogether, supererogatory, and unnecessary. For—except when the substances alluded to have acquired an unusual degree of hardness or tenacity—the object aimed at, namely its removal, can generally be effected, in a safe and efficient manner, by forcible inspiration through the nose, the mouth being closed—by a strong and artificial effort to cough, by the action of emetics or errhines, or by the topical application of powerful, stimulant, and detergent remedies. Lastly, while *obstruction of the Eustachian tubes*—already shown to be a not unfrequent source of deafness—has been recently spoken of and proclaimed as a *new discovery*, and the application of *mechanical expedients* declared to *constitute the most valuable modern improvement in acoustic surgery*—the writer cannot forbear to state, that a laborious investigation into the anatomy, physiology, and pathology, of the eye and ear, *more than twenty years ago*—when he concentrated his attention, and brought the knowledge previously acquired by general practice to bear, upon the organs of sight and hearing—two important objects of professional attention—enabled him to detect and discrimi-

nate the varying forms of Eustachian, and other causes of, deafness, and to remove them when practicable, by appropriate treatment modified and adapted to the symptoms of each respective case. Those points were fully adverted to and explained at a weekly meeting of the Medical and Physical Society of Guy's Hospital, by the late Mr. Royston. The subject was subsequently and distinctly elucidated in the aural division of the writer's lectures on the eye and ear, and in the Sixth Edition of his work on '*Deafness, &c.*'

YOUNG SURGEON ON SHIPBOARD.—CHAP. IX.

By A. GRANT, Esq., M.R.C.S., &c.

DURING October we had not much sickness on board. There is still a preponderance of cases of diarrhoea and pyrexia; this may be accounted for in the change from fresh to a diet consisting almost entirely of salt provisions. Here a purgative, and a day or two's abstinence from the exciting cause, removed the disease. The cases of pyrexia were also mild; one presented an excellent example of what Dr. M. Hall describes under the name of intestinal irritation. Of this affection I have seen some well-marked cases in private practice, and all cured by the same means—oleaginous purges, followed by solut. mur. of Morphia. The only case possessing much interest during this month, was one of purulent ophthalmia. This patient at Calcutta had received an injury of the right eye, implicating its internal canthus, which was much bruised and lacerated. In the course of its healing, adhesion of both eyelids took place at the internal commissure, by which the eye was rendered almost useless. While ashore during the night he had accidentally run against the pole of a pulkee, which struck the left eye. The eyelids and surrounding parts were greatly swollen and ecchymosed; the conjunctiva highly diffused. Upon the following day, the eyelids were oedematous, the conjunctiva highly vascular, with intolerance of light, and circum-orbital pain. On the next day these symptoms were increased, with the addition of a profuse purulent discharge, and chemosis of the conjunctiva around the cornea. Leeches were applied; a solution of nitrate of silver dropped into the eye; the bowels well opened. These measures were followed by a marked relief of all the symptoms. A blister was applied behind the ear, and a dose of calomel and opium given at bedtime. Next day (11th), he could raise the upper eyelid; the conjunctiva continued red and oedematous, but the chemosis had almost disappeared, leaving the cornea exposed and entire. From this period the disease assumed a more chronic, untractable character. During the nine following days, in which the patient suffered much, the symptoms were purulent discharge, circum-orbital pain at night, preventing sleep, and, at times, so acute as to be almost intolerable; conjunctiva tumefied, and the eye very irritable and sensible to light. The solution of nitrate of silver was continued, opium given so as to affect the mouth, and blisters applied behind the ears. To allay the irritation of the eye the following fomentation was assiduously used:

R. Ex. Opii Moll. ʒij.
Mist. Camph. calid. ʒij. M.

and at bedtime he had an anodyne diaphoretic draught. The fomentations alone afforded temporary relief during the night; linseed meal poultice, enclosed in gauze, was placed over the organ. The excessive pain around the orbit and temple was somewhat moderated by the inunction of the mercurial ointment, prepared with powdered opium. Up to the 20th

inst. the cornea had remained unaffected, upon that day it presented a cloudy appearance, and at its superior margin there was a deep-seated opacity; the blue pill was ordered to be resumed. At noon of the 21st he was suddenly seized with most acute pain at the *back part* of his head, and shortly afterwards he felt something give way in the diseased eye, with the discharge of a fluid. On examination, the cornea was observed collapsed, perfectly opaque, and the patient scarce able to distinguish light from darkness. The headache was most excruciating. He had an opiate, and enjoyed a better night than he had done for a fortnight before; next day he had no pain in eye, the cornea remained quite opaque. On the 23rd there was a great improvement. The opacity which covered the cornea had been almost removed, coming away in a membranous form, leaving the latter transparent except upon its upper margin. The patient could distinguish objects obscurely. The mercury began to show its effects upon the mouth, and with this the improvement was progressive; the solution of nitrate of silver was continued. From this time the cure was only retarded by a granulated portion of conjunctiva under the upper eyelid, which operated as a foreign body, and keeping up irritation; it was removed by the nitrate of silver. The patient returned to his duty on the 11th of November. The report says, "Vascularity of conjunctiva has almost disappeared and there only remains a slight opacity on upper margin of cornea." The last notice of the case was on the 1st of December. "Opacity in cornea is confined to a small speck, and the integrity of the organ is almost complete. At inner canthus, the lids are slightly indurated, but from this no inconvenience arises."

That the organ was saved is perhaps more a matter of good fortune than of any peculiar or any judicious treatment. The situation of the pain, its great severity, and the relief which followed the discharge of the aqueous humour, are worthy of attention. The opening of the cornea was so small as not to be applicable in the diseased state of the parts, but its collapsed state left no doubt of the nature of the accident. The ulceration did not extend, and the mercury now taking effect, prevented the further deposition of coagulable lymph, while the use of belladonna prevented protrusion of the iris. I believe that the membranous slough thrown off from the cornea was, in reality, the layer of conjunctiva, which has been demonstrated to extend over it:—it was so distinct that I could raise it with a fine forceps. During the latter stages of the disease, while the patient was under the influence of the mercury, he had wine, quinine, and a nourishing diet. In debilitated habits such a combination is demanded, and I have, in every case, found it conducive to recovery.

November.—The weather, during this month, was very fine; we continued in the Straits of Malacca; the change of the weather was trifling, and there was scarcely a shower of rain. The admissions are 20, and these almost all mild cases.

A case of injury occurred in a young man who was pushed backwards from off the fore-castle, and in his fall struck the lower part of his spine against a large iron bolt. On examination, there was swelling, pain, and tenderness in the course of the lumbar vertebræ, and extended to the sacrum. He could not move the left leg, and with difficulty the right. In the evening, smart pyrexia set in, which demanded the employment of general bleeding. By rest, and local applications, the tenderness disappeared, and he gradually regained the motion of the limbs, and returned to his duty on the 14th day from the occurrence of the accident.

There was a case of chronic synovitis in a man 30 years of age. Its origin could not be traced to any evident cause; there was swelling and effusion into the joints, with pain on pressure. Rest, antiphlogistic diet, fomentations, and anodyne applications in the first instance were employed; these alone subdued all inflammatory action, but a degree of stiffness being left behind, a blister was applied. After this had healed, the patient was able to walk about, although still he could not well go aloft. He returned to his duty on the 8th day.

There was a case of cephalalgia of a nervous description and constitutional.—The patient having suffered during several years frequent attacks of it, had been frequently bled and cupped without any relief being afforded. The pain seemed to follow the course of the branches of the super-orbital nerve, and as it presented some periodicity in its character, after having the bowels well cleared out, he had small and repeated doses of quinine. In a few days he perfectly recovered, but if through the medicine it is very doubtful to say, as in former attacks the disease used to wear itself out, and after the failure of every means, to recover spontaneously. Seven months have now elapsed, and there has been no return of the complaint. Most of the other cases of cephalalgia occurred in the first part of the voyage; they seemed to depend upon bilious derangement; at all events, they were treated under this conviction, and the success which attended it appeared to confirm the diagnosis. One symptom was almost always constant—a peculiar tenderness of the eyeballs when pressed, and pain when the patient moved them laterally. The tongue was generally loaded; the skin dry, and bowels disordered. An emetic of ipecacuanha—a calomel and colocynth pill at bedtime, and a saline purge in the morning, seldom failed to remove the disease.

The only other case of nervous headache occurred in the month of May. The patient was only twenty-two years of age. By his own account, some years ago, while in the West Indies, he had a severe attack of yellow fever, and ever since had been subject to attacks of headache, for which he had at various times been bled from the arm about 25 times. The pain was diffused generally over the head, and always became severer as the evening approached. The pulse was 75 and feeble; the pupils natural; the appetite deranged, and the bowels habitually costive. He had first a calomel purge, and took every morning a powder, consisting of carb. of soda and carb. of iron.—The same was repeated every day at 5 p.m. The evening exacerbations became gradually less severe, and by persevering in these simple measures for about a week, during which he had a farinaceous diet, the headache completely disappeared.

December.—We arrived in Macao Roads on the 20th December; the temperature, which in the China Sea was very high, suffered a great reduction as we came within the influence of the land, and for clothing of the lightest texture, the warmest woollens were to be substituted, the impression being stronger by reason of the suddenness of the change, which was nearly 25 degrees in the course of twenty-four hours. The whole number of cases are eighteen; five of these cases of diarrhoea, arising as in former instances from change of diet, fresh meat being now served out to the whole ship's company. There are two of injury to the testicle; one of these, which occurred in the person of the boatswain, presented at first some serious symptoms. Its history is as follows:—

18th December.—J. W., boatswain. Last night, about 12 o'clock, while employed upon fore-castle, ship gave a deep pitch, and threw him with considerable violence upon one of

the flues of the anchor, against which he struck his left testicle. When he got up says he felt something descending into scrotum, and at this time he fell down in a faint. Saw him in a few minutes afterwards, was then in excruciating pain; face pale; pulse feeble; nausea. He had a glass of wine and water, and after being removed to his cabin, he again fainted. Testicle is painful, somewhat swollen, and at upper part there is a doughy tumour, resembling a congeries of veins. Pain extends from testicle up into inguinal canal, and backward to the loins. Pulse feeble; habit gross; vomited twice.

R. Tinct. opii. gtts. L.
Spt. æth. nit. ʒj.
Aquæ ʒj, ft. h. s. s.

Hot fomentations over testicles and left side of abdomen.—1 a.m. Pain somewhat relieved; applied taxis, and said he felt something return into abdomen; inguinal canal appears free. Continued fomentations, quibus adde. sacchar. satur. ʒj, M. opii. ʒss.—3 a.m. Much the same; no vomiting.—6 a.m. Pain continues severe; bowels not opened.

R. Extract. colocynth. c. grs. x.
Calomel, grs. v. M. et div. in pil. iij, st. s.

8 a.m. No motion; finds patient relieved from pain when he lies on his face. Pulse 45, compressible; no vomiting; has taken two cups of tea, which have remained on the stomach.—12 a.m. Much the same; bowels not yet moved; complains of frontal headache. Sumat. pulv. seidlitz fiat. st.—4 p.m. Vomited seidlitz, but bowels have been freely moved, and he is much relieved.—10 p.m. Pain in abdomen nearly gone since bowels was moved, during which time he felt something *hot* pass from him.—19th. Only pain in testicle, which is not much swollen; passed some blood with his urine. Rest and recumbent posture.—20th. Felt so well to-day that he went upon duty, having the testicle supported in a suspensory bag.

The other case originated from a bruise received while aloft reefing. It was not accompanied with any very severe symptoms at first, but there continued a low chronic state of inflammation in the body of the gland, which was greatly enlarged, painful on pressure, and rendering the patient unable to walk. These were the only cases of disease in the testicle arising from injury, all the others were idiopathic, and could not be well traced to any evident cause. I must only observe, that they occurred during calms in high latitudes, and when there was much rain with changeable weather, and consequently the duty heavier than usual, and that the subjects of them wore a leather strap, tightly buckled round the body, to support the trousers. These cannot fail in many instances to act injuriously; they form a kind of ligature which retards the venous circulation, and powerfully presses downwards the abdominal viscera. In two cases the *left* spermatic veins were varicose. The treatment consisted in enjoining rest in the recumbent posture, attention to position, fomentations, medicated and simple, and occasional laxatives. When all tenderness had disappeared, the camphorette mercurial ointment was used, and by suspending the organ in a bag-truss, the patient could go about his work, although some degree of induration remained.—The next is a case of nyctalopia, or, as it is called by some, hemeralopia, or night blindness. The history is as follows:—*Nyctalopia.*—December 16th. A. B., æt. 42, complains of almost total blindness when upon duty during the night, so that he cannot distinguish the ropes nor even the open hatchways; says that he is worse when it is moonlight, the

moon appears to him a thick yellow fog. The eyes present no morbid appearance, unless it may be that the pupil of left eye is rather dilated, and it is upon this side that vision is most impaired. He has been eighteen years at sea, seven of which were in the service of the Bombay Marines. He has been several voyages to India, and at Calcutta he was lately in hospital for a pain in back of his head, which was removed by a blister. He is a poor emaciated and worn-out creature, and appears twenty years older than he really is. He has never been similarly affected, and he assigns the present attack to lying upon deck during moonlight.

R. Calomel, grs. iij.

Ext. Col. c. grs. x.

Pulv. Ipecac. grs. ij. M. et div. in pil. ij, h. s. s.

April 27.—Continues in the same state, only that blindness is now more perfect after sunset; pupil of left eye is more dilated than that of right; both eyes are affected with epiphora, and at each canthus there is slight vascularity of conjunctival vessels.

Admov. Empl. Lyttæ Templo. dext.

May 1.—Blister rose well, but has had no other effect than to diminish the epiphora. Small boils have broken out on various parts of body, for which he has been taking purgatives. May 9.—No amendment, boils are disappearing.

There could be no doubt that the disease originated in debility, and, as a consequence of that, breaking up of the constitution, which marks a seafaring life, more particularly if much of that life has been spent in a tropical climate. This patient had long served in the Gulf of Persia, his general appearance bore a very marked resemblance to the old man who died at Calcutta. In the one case, however, the eye was the organ principally affected, in the other it was the mucous lining of the bronchi. In both there was the same permanent yellowness of the skin, pearly appearance of the conjunctiva, sharpness of features, and prominence and blueness of the veins, more particularly over the abdomen and extremities. His appetite was very feeble; his spirits continued good; he was a native of Ireland, and preserved all the lightheartedness peculiar to his countrymen. He was removed from day duty upon deck, also from night duty. The bowels, which were habitually constipated, were attended to, and he was put upon small doses of quinine, and blisters about the size of a crown-piece repeatedly applied over the temples. The only benefit, however, which appeared to follow was a less suffused and less watery state of the organ. He used to imagine that he saw somewhat more distinctly; no permanent change for the better, however, took place, nor do I think it possible that there will, unless from very favourable circumstances, a great improvement in the condition of the patient's general health may take place.—The only other case of any importance during this month was a somewhat anomalous one, presenting some of the appearances of those multifarious ailments classed under the head of secondary symptoms. The patient had contracted a chancre at Calcutta, and this healed up kindly under the black wash, without any constitutional treatment except attention to the state of the bowels and skin. On the 6th of December, nearly two months and a half after the healing of the sore on the penis, he applied, complaining of giddiness and pains throughout all the long bones in his body, and he had a common purgative powder; and on the same night, was suddenly seized with insensibility, preceded by pain in the chest, and oppressed breathing; from this he recovered, but passed a very restless night, from aching pains in the body, and was very

feeble; the face pale, and general appearance denoting a cachectic condition. He was young, slender, and overgrown. He was ordered to follow his prescription; after continuing the use of this for a few days, he felt so well as to return to his duty.

January and February.—These were both healthy months, arising equally from the favourable season of the year and an excellent anchorage-ground.

During the latter part of December and the whole of January and February, the weather is more temperate in China, and in general more salubrious than at any other period of the year. The N.E. monsoon then prevailed; in general the atmosphere was clear and free from moisture. When, however, the N.E. monsoon neared towards the eastward, it blew fresh gales, heavy rain, and a great reduction in the temperature. When this change was towards the southward, then the weather became very variable; upon one occasion, the thermometer for several days had a range from 48 deg. to 64 deg. The transition from this again to very fine weather was sudden, but as far as I could observe, not injurious, although in the course of 12 hours there was a rise in the temperature of 20 deg. The men anchored in the Bay of Taongkiao, one of the islands at the mouth of the River of Canton. The situation is well sheltered, and remote from marshes or other sources of malaria; and having little cargo either to discharge or take in, the men were not hard worked, nor necessarily exposed to the vicissitudes of the weather. They had a daily allowance of fresh beef and yams. But the main cause of our exemption from disease was to be found in the political state of the country. The seamen were not allowed to go on shore, and thus the most fruitful sources of disease were avoided, by an order which necessity could alone enforce.

During January, all the cases were of a very mild nature, and presented nothing worthy of notice. The majority were cases of diarrhoea, and these recovered in the ordinary manner. During eight days, there was not a patient upon the sick list. On the 17th of February, we sailed from Toongkiao, and on the 21st took our departure from Macao Roads.

OBSERVATIONS ON THE MASONS' OR STONE-CUTTERS' DISEASE.

BY W. VILLIERS SANKEY, M.A.

Extraordinary Member of the Medical Society of Edinburgh, &c.

MEDICAL men have long been aware that particular trades and professions are apt to superinduce particular diseases in those who are engaged in them, especially if predisposed thereto by any peculiar idiosyncrasy. The colica pictorum furnishes a ready illustration of this class of diseases; the stonecutters' tabies may be adduced as another. This disease, though less known in England, especially in the neighbourhood of the metropolis, in consequence of the prevalence of brick buildings, exists to a very great extent in Scotland, where most of the houses are raised in stone, which necessarily gives employment to a number of hewers, who are engaged in preparing the Haslar for the builders.—It is remarkable that, though long-known and dreaded by the stonehewers themselves, the attention of medical men has only lately been directly called to this form of disease by an eminent physician in the Medical Section of the "British Association." He there very accurately described the state of the lungs of those who have died of this malady. The Report, however, makes no mention of the stomach, which would appear to me to be no less the seat of disease than the lungs.—Having had an opportunity of witnessing a good many cases of persons suffering under

this disease, and having watched with painful interest the melancholy progress from its incipient stage, till, arrived at its acme, death laid his blighting hand upon the concentrated hope of a mother, a wife, and a child, I am induced to offer a few observations on its character and symptoms, through the medium of your valuable Journal.—It is well to have in view the existence of this malady, and even to look out for and expect it in patients belonging to this trade, as, owing to the insidious character of the disease, and, if I may so say, its simulating the appearances of other diseases, it is liable, in its incipient stage, to be mistaken for them, and treated accordingly; a most fatal mistake, as it lulls the patient into a false security, and prevents his taking the only step which could save his life, namely, withdrawing immediately and for ever from the occupation which it is manifest he can no longer pursue with safety to himself.—The symptoms in its nascent state are a short dry cough, accompanied generally with a pain at the pit of the stomach, and a craving for food, which requires to be satisfied at very short intervals of time. These symptoms, however, do not always go together, and in some the cough predominates, while in others the pain of the stomach is most urgent. In general, indeed, I would observe, the first attack manifests itself by a derangement of the primæ viæ, and is consequently resolved into a case of dyspepsia, which, apparently yielding to the treatment for that disease, seems to confirm the accuracy of the diagnosis. When the cough is distressing, and forms the chief subject of complaint, it is generally supposed to be catarrh, or bronchitis. I may remark that all the symptoms are aggravated by exposure to wet, damp feet, &c. As, therefore, masons are much exposed to the inclemency of the weather, the malady on their first applying to the dispensary seems thus readily accounted for, without any very *recherche* inquiry as to the peculiarities of their trade.—Thus the symptoms abating, ceasing, returning, and again abating, the disease goes on, it may be for four or five, or even more years, while in some instances its course is more speedy, and hurries the patient in a few weeks, or months, with frightful rapidity to the grave. In these latter instances no doubt the disorganization of the lungs had been going forward insidiously, though owing to circumstances peculiar to the constitution of the patient, it had not manifested itself in its earlier stages.—At length the cough becomes almost incessant, emaciation, accompanied with prostration of strength, ensues. The voice is weak and small, and the countenance assumes that peculiar sharpness of expression which indicates a speedy closing of the scene. The patient at this stage no longer deceived by others, unable any longer to flatter himself, yields reluctantly to the consciousness of his situation, and the terrible conviction forces itself upon him, that he is the subject of a confirmed mason's disease; a disease within whose frightful grasp he has seen one and another of the strongest and the stoutest of his fellow-workmen crushed in their prime; a disease, from which, as there has been recorded no recovery, so its annunciation offers not the consolation of a hope; and yet here, as in other diseases of the lungs, hope lingers to the last,

"And still as darker grows the night
Emits a brighter ray."

It is indeed remarkable, that death, though long expected by the anxious friends, almost always arrives suddenly. There is no gradual sinking, no gentle abatement of the force of inspiration, as in phthisis pulmonalis, where the patient frequently seems, as it were, to slumber out of life. Here, on the contrary, death appears really to be caused by asphyxia, brought on by

some preceding exertion, which was too much for the bronchia, previously choked up by the introduction of extraneous matter. In two instances which I have known, the asphyxia supervened on taking a little drink, which the patient himself expressly asked for; in the one case it was a glass of wine, in the other, of water. In a third instance, the patient hearing a beggar at the door ask for alms, benevolently exerted his voice in urging the request to be complied with. Death found him in the act so worthy of a Christian—

"'Twas Life's last spark—it fluttered and expired."

Though the patient did not complain of his breathing being peculiarly oppressed during his sleep, yet to those who heard, it seemed excessively painful, resembling the rumbling of a waggon over the loose stones of a new-formed road.—I have said that the disease is seated in the stomach as well as the lungs. This is manifest from one class of the symptoms, such as pain the pit of the stomach, &c. It has also been proved in cases where the stomach has been opened after death. In one instance particularly two concretions, similar to bezoar stones, and larger in size than pigeon's eggs, were found in the stomach, showing that while minute portions of the dust had entered through the larynx into the lungs, similar particles had made their way through the pharynx into the stomach, and there concreted till they became too large to pass the pylorus. Such, indeed, might be reached by means of the flexible tube introduced into the stomach, but for those minute concretions in the bronchia and parenchyma of the lungs, art affords no remedy, and the cause of the disease points out, alas! the hopelessness of its cure. The moment, therefore, it manifests itself, the patient should be urged unhesitatingly to change his profession, and seek in some other occupation the means of procuring a livelihood. Even though the disease may have set in, existence may be thus prolonged, and a few years spared to the life of a useful member of society. In one instance where I prevailed on the victim of this disease to take up a new art, he lived long enough to exhibit abilities of a high order in engraving, and to associate his name with that art for which the chisel of the stonemason had perhaps already prepared his eye and his hand, while the *sculpsit* which attached his name to his work, seemed to connect his *new* with his former pursuits, as if parts of the same profession.

As prevention is better than cure, it appears desirable that some means should be contrived for securing the lungs from the admission of the minute particles that rise from the stroke of the chisel. I proposed many years ago to some stonemasons, to use a mouth-guard made of wire-gauze, similar to the respirators now so common in use; but I found them in general averse to anything of the kind. I have seen, indeed, something of the kind used by men employed in breaking stones on the roads near Edinburgh; but it was constructed rather as a guard for the eyes against the splinters of the stones than as a protection to the lungs. Masons themselves consider chewing and smoking as a protection, and may be so in some degree, as, by increasing the flow of saliva, the mouth is constantly cleared of the accumulating particles of dust. They also say that such individuals as have their nostrils furnished with hair escape more readily than others, as this passage is thus closed against the dust or *stour*, as they call it. It seems also to be a general opinion that there is little or no danger after arriving at the age of forty. I knew, however, one man who, after passing that age, and felicitating himself on his sup-

posed exemption from that malady, was suddenly seized with the *mason's trouble*, as they term it, and hurried with an unexampled rapidity to the grave. It is always recommended to the stonemasons to work with closed lips, as it is observed that such as keep open their mouths much during work fall victims more surely and speedily to the disease.

REVIEW

The Principal Baths of Germany, considered with reference to their remedial Efficacy in Chronic Disease. By E. LEE, M.R.C.S., &c. Pp. 174. Whittaker.

HAD we space, it would give us pleasure to enter upon the subject of this useful volume, and canvass with the author the soundness of his views in reference to the treatment of chronic disease. For ourselves we believe that the German, like most other baths, are better calculated to relieve ennui and hypochondriasis than any serious infirmity; and as there are in this our opulent land of England many thousands labouring under those *sad and serious* afflictions, to such and their physicians we commend Mr. Lee's very useful little work. The present volume treats of Nassau Baden, and the adjacent districts, and the author announces a second to contain the baths of Central and Southern Germany. It contains also a clear and candid statement of the unfair and indeed tyrannical conduct of the German authorities in reference to English visitors and their medical advisers. This we strongly urge every English person to peruse before they give the preference to a German over an English Spa. Let every British patient who may feel nervous, more especially delicate females, imagine themselves deprived of the attendance of an English practitioner, and forced to make known their ailments in *High Dutch* to a chewing, smoking, and spitting, German doctor, who knows not one word of English. If *High Dutch* be unknown to them, why then *they must come back again for advice*. In fine, let all who think of seeking the Baths of Germany, read the postscript to Mr. Lee's book.—We may add, that the volume contains observations which appear to be the result of careful examination and analysis of the various waters.

CORRESPONDENCE.

"INSINUATING" MEDICAL MEN.

To the Editor of the 'Medical Times.'

SIR,—You have done me the honour to give insertion to two letters I have addressed to you on professional (?) trickery, I shall now beg leave to direct your attention to another species of unfair play, practised by some, in a similar spirit, and from the same motives, as the "technical cant" and "self-trumpeting" previously adverted to—I mean the taking advantage of the absence of the regular medical attendant, to give advice in what may be called an "insinuating" way. Persons addicted to this manoeuvre are constantly on the watch, especially if they chance to be in company with the patients of their professional neighbours, to volunteer an opinion upon any medical or surgical case that may be alluded to, and, should they meet with any one who has some trifling complaint, or some little surgical operation, such as a small encysted tumour, &c., never fail to recount their own success in such matters, and *delicately* endeavour to impress upon the individual that they could have cured him long ago, had he been so fortunate as to have been under their care. We are all aware what an easy thing it is to puzzle a patient as to the remedies employed, and in these instances, an "insinuating" man can of course

mention some article which has not been adopted. A friend of mine some time ago lost a patient altogether in the following way, and I leave you and your readers to judge in what a variety of circumstances, and with how many medicines, the same thing may occur. My friend had a patient who suffered severely at times from gout; he had always been in the habit of treating it with Vin. *Radici Colehici*, and the paroxysms had usually been subdued in a few days. Unluckily the gentleman chanced to meet one of the "insinuating" practitioners at a party, just as he fancied a sharp attack was coming on; this person immediately became very attentive to him, narrated numerous instances of his remarkable success, and at length asked him what form of colehicum he had been accustomed to take? Upon discovering that it was as I have stated the root, he immediately stated that the whole virtue of the plant was in the seeds, and that he would find a wonderful change if he substituted Vin. *Seminum Colehici* for the other. The gentleman, on his return home, sent to a chemist for a draught with this alteration; woke the next morning perfectly well, most probably from its having been a false alarm; lost all confidence in his former adviser, and very shortly afterwards altogether employed the "insinuating" rival. The circumstance of losing his patient was of course a matter of surprise to my friend, who only lately became informed of the cause, after both the other gentlemen had left the neighbourhood. I might adduce many instances in which this undermining system has been attempted, but fear to intrude upon your valuable space. My object in making these remarks, together with the former ones, is, if possible, to eradicate such paltry and disgraceful manoeuvres from the profession—it is trickery such as I have mentioned which tends to lower its character, and to disgust the honourable and upright members of it! A medical life is surrounded by cares, anxieties, and toil, even under the most favourable circumstances, and it is, in a great measure, a feeling of its usefulness and dignity which prompts so many to encounter its hardships. How must this feeling be damped when we find many of our brethren acting in so shabby and despicable a manner! Let me conclude this letter by once more advising those who attempt, if I may so express it, to "cut a shine" by their "technical chattering," and likewise those who "sing their own praises," together with the "insinuating worthies" above spoken of, to remember that the eyes of their professional brothers are upon them, and that they will find it much more creditable, and, in the end, much more profitable to them, to throw aside such pitiful contrivances, and endeavour, for the future, to pursue an open and straightforward course.—Your constant subscriber,

ONE OF THE OLD SCHOOL.

SHARPEY'S LECTURES ON PHYSIOLOGY.

To the Editor of the 'Medical Times.'

SIR,—I wish to call your attention to the hoax now practised by the *Lancet* to improve its rapidly diminishing circulation, by attempting to catch a few "green" students of University College and the public generally. You are no doubt aware that this immaculate journal has, since the 1st of October, published four of Dr. Sharpey's Lectures on Physiology at University College. Now at this rate of publication, four lectures in three months, his course of 150 lectures will be completed in somewhat more than nine years!—This is unpardonable; the doctrines of the present day will most probably be exploded in such a length of time, especially in a science making such rapid strides at Physiology, and perhaps with ridicule recorded only as the vagaries of certain experimentalists. What would the worthy lecturer in nine years time think of such antique doctrines being held up as emanating from him, and stated by the *Lancet* as the "*present state of science*?" In conclusion, I can inform you, the trick, so far as I can learn, is "no go;" and with great respect for your scientific journal, I remain, &c.

STENO.

OBSERVATIONS ON ABDOMINAL TUMOURS
AND INTUMESCENCE,ILLUSTRATED BY CASES OF DISEASED LIVERS.
BY R. BRIGHT, M.D., F.R.S., &c.

[From the Guy's Hospital Reports.]

IN seeking, says our author, to render our diagnosis as correct as possible, in any case of hepatic disease, we are necessarily led to attempt to discover the size and form of the affected organ; a task, in many cases difficult, if not impossible; and sometimes, when performed, liable to lead us astray, unless we carefully take many other circumstances into consideration; but at other times affording us the most important information towards the discovery of disease.—One of the chief sources of difficulty, in ascertaining the size and form of the liver, depends upon the situation of the organ; for it is so placed, with regard to the ribs and the diaphragm, that, in its most perfect state of health, it is almost as much concealed from the sight, and removed from the touch, as the contents of the cranium. Another difficulty arises from the liver being liable to displacement, from causes independent of disease within itself; as from occasional, though not very frequent deviations from its natural position, and from pressure exerted upon it by effusions within the right cavity of the chest, or from tumours between the liver and the diaphragm. And a third source of difficulty is found in the induration and enlargement of neighbouring organs; as of the right kidney, the stomach, the omentum, and the colon. Still in most cases we can arrive at a very satisfactory knowledge of the size and form of the liver, when it deviates at all considerably from its normal state.—Dr. Bright observes, in reference to the natural site of the viscus,—The large right lobe of the liver, in its healthy state, lies completely in the hollow formed by the diaphragm, not descending below the margin of the ribs, and extending upwards to between the sixth and seventh ribs on the right side. The left lobe usually extends to the soft space below the ensiform cartilage, a short way into the left hypochondriac region; and a portion of its lower margin is thus seen lying across the scrobiculus cordis when the body is opened, and is frequently the only part of the organ which is visible.—As a necessary consequence, he goes on to remark, of this situation, the healthy liver influences very little the sound produced by percussion on the soft part of the abdomen; which, if the organs are free, healthy, and empty, is usually clear and sonorous, from immediately below the margin of the ribs, to the very lowest part of the pubic region. If, then, the sound in any part be dull, it is our business to ascertain the extent and connexion of such unnatural sound; and in this way, if we can trace an uninterrupted dulness to the margin of the ribs on the right side, our suspicions may fairly be excited, and the liver is the origin of the disease. The more perfect and the more practised the ear, the more likelihood there is of tracing the deviations of sound from their natural clearness; but in some cases of very extensive disease, where the liver or other organs are irregularly enlarged or tuberculated, the investigation is most difficult. Yet still Dr. Bright thinks the touch more fallible than the ear, in cases of extensive tubercular or fungoid deposit in the abdomen. We must never suffer ourselves to be led into the error of denying the existence of hepatic tumour because the dulness or the hardness are so extensive that they appear to reach beyond the probable bounds of the liver; for, in fact, there is no tumour, of which the abdomen will admit, so large that it may not be an enlarged liver; and if we can satisfactorily trace the continuity of the dull sound, or the hardness under the ribs of the right side, while no other obvious indication leads us to ascribe it to another organ, we may legitimately consider the liver as the seat of the disease. But after all, we shall not be always right.—It would be an error to suppose the rapidity with which the tumour has appeared to be inconsistent with the idea that it can have originated from the liver; for we find tumours of the most extraordinary extent generated in the liver in a few weeks;—nor are these always attended with such remarkable pain as might be ex-

pected under such rapid distention of structure.—The general symptoms or condition afford valuable assistance.—Disease of the liver seldom exists long without producing a peculiar appearance in the countenance of the patient. In some cases, as we shall see, actual jaundice, and that of the most decided character, accompanies hepatic tumours; but many of the more formidable conditions of the liver are indeed but slightly marked by this symptom. Still, the approach to the jaundiced state, the sallow cheek and temples, and the lightly-tinged conjunctiva, are most often present when disease has greatly altered the structure of the liver, or gone on to the formation of tumour. To this, however, there are remarkable exceptions; so that the absence of the symptoms should never lead us to repudiate the idea of hepatic disease. Fungoid growths to a very considerable extent may occupy the liver, and yet no jaundice, and no approach to it, may be present. Fatty intumescence of the liver has often been recognised by a peculiar marbled appearance of the skin that it gives birth to.

2. Gradual or rapid emaciation, with a peculiar cachectic aspect, frequently accompanies diseases of the liver; though even this is far from constant; for there are certain forms of disease in which the liver is enlarged, and which are marked rather by an increased deposit of fat in the cellular membrane of the body, and in the omentum and mesentery, than by emaciation. The state of the bowels and the stomach greatly assists our diagnosis. Hæmorrhages taking place from the stomach and intestinal canal, and effusion of serum into the cavity of the abdomen, are amongst the symptoms which call our attention to the condition of the liver, and often strengthen our diagnosis. The tumours depending upon the liver vary greatly in the extent they occupy, as also in their character; sometimes descending scarcely below the margin of the ribs, and sometimes encroaching upon the pelvis. They are sometimes smooth and even; sometimes lobulated, with greater or smaller inequalities on the surface; sometimes soft and yielding, sometimes hard. Dr. Bright, before entering on the consideration of hepatic tumours themselves, points out the growths or morbid affections most apt to be confounded with them.

1. *Accumulations in the Colon.*—Amongst, says Dr. Bright, the many sources of such mistakes, by which physicians may be misled, and induced to conclude that the liver is the seat of disease when in fact it is not, feculent accumulations in the colon are perhaps the most frequent; and they lead to a deception the more complete, because they occasionally imitate, in the most striking manner, enlargements of this and other organs, and appear to afford a decided and tangible evidence of disease such as few can withstand, even to afford time for making trial of remedies which, by acting freely on the bowels, might at once show the cause, and remove the tumour. Dr. Bright relates the particulars of four which have occurred under his own observation.

The first case was one of accumulation of fæces in the sigmoid flexure of the colon, imitating organic tumour.—The second case was one of fæcal accumulation in the colon, imitating hepatic enlargement.—The third case—fæcal accumulation in the colon, imitating fungoid tumour.—The fourth case—fæcal accumulation in the colon, imitating malignant disease of the liver.—We must content ourselves with quoting the fourth case, one as much in point as any.

"CASE 4.—*Fæcal Accumulation in the Colon, imitating Malignant Disease of the Liver.*—A. B., a seafaring man, aged about 55, was admitted into Guy's Hospital, under my care, with a hard lobulated tumour, about midway between the point of the ensiform cartilage and the umbilicus, in which he suffered considerable pain, both from pressure and without it. His complexion was sallow: his bowels stated to be freely opened. After careful examination, I had very little doubt that the tumour was organic, and connected with the left lobe of the liver: nor did the effect of remedies, or the appearance of the patient, at all deceive me for some weeks; but I presently began to suspect that the pains, of which he made such frequent complaint, were rather of a spasmodic character, and such as indicated some detention of

fæces in the intestine. I therefore put him on a more decided plan of purging than at first, though the bowels had never been neglected. He now took repeated doses of compound extract of colocynth, galbanum pill, blue pill, and small quantities of muriate of morphia. The effect was, after a few days to bring away a quantity of hardened balls of fæces; and, in proportion, to diminish the supposed malignant tumour, till both pain and morbid growth, and every other symptom of disease, had disappeared."—Dr. Bright would be inclined to say that, whenever an abdominal tumour occurs, in what may be considered the course of the colon, we should be very guarded in our diagnosis: and yet this will hardly cover all the possible cases of deception; for the colon is itself, of all the viscera of the abdomen, that which varies most in its course; so that scarcely a month passes in which we have not an opportunity of witnessing some variation:—as an illustration of which, he refers to three instances which he saw within ten days of each other. In one, the arch of the colon suddenly descended below the umbilicus; in another, the sigmoid flexure advanced beyond the same point; and in the third, the sigmoid flexure performed two complete convolutions, the least of which ascended to the duodenum, where it commences in the stomach, and then descended to the pelvis.

FOREIGN SOCIETIES.

ANATOMICAL SOCIETY, PARIS.

Tuberculous Excavation of the Liver in a Scrofulous and Phthisical Subject.—The child had a carious calcaneum, which was supposed to be the cause of its death. The excavation in the kidney was lined with a recent false membrane, and filled with pus and tuberculous detritus. Some smaller caverns existed, as also tubercles in a state of incipient suppuration in their centre. The bladder was hypertrophied, and its mucous membrane softened.

Encephaloid Productions in the Cavity of the Peritoneum.—A man, after a fall from an elevated place, was affected with icterus, pains in each hypochondrium successively, and at length, ascites. After some time, the fluctuation and size of the abdomen greatly diminished, but soon re-appeared. In two months the man died.—On Dissection, the cavity of the peritoneum was filled with encephaloid matter and blood, in some parts black, and in others colourless. The subperitoneal cellular membrane contained a great number of little black spots. A hernial sac existed, as was recognised during life; but instead of omentum, it contained only a voluminous clot, connected with coagulated blood in the peritoneum—of firm consistence, although it seemed of recent formation. Its colour was of a dark yellow, and its extremity contained a small cavity. This hernia, although of long standing, had only re-appeared two or three days before death, and it presented all the characters of an epiphroid hernia. The encephaloid masses in the peritoneal cavity were presumed to have been formed of the effused blood.

VACANCIES, PROMOTIONS & APPOINTMENTS

NAVY.—Surgeon S. J. Swayne, to be Deputy-Inspector of Hospitals.

MEDICAL OBITUARY.

At Mormond House, Aberdeenshire, J. Strachan, Esq., M.D., Inspector-General of Army Hospitals. He had served his country in every quarter of the globe for forty-four years with distinction.—September 25th, overpowered by the current while bathing in the river near Cutwa, on his way to Meerut, William Charles Deane, M.D., aged 27, of the Bengal Medical Service, youngest son of the Rev. G. H. Deane, of York Terrace, Leamington.—On the 5th instant, at Clapham, in the 85th year of his age, Robert Williams, Esq., one of the oldest members of the Royal College of Surgeons.

Dr. Frampton, Senior Physician to the London Hospital, has resigned, thus creating a vacancy in the post of Assistant-Physician. Dr. Patrick Fraser is a Candidate.

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ANIMAL MAGNETISM. BY THOMAS HOOD.

Extracted from the Prince of Punters' 'Own.'*

THE correspondence touching *Animal Magnetism*, is carried on betwixt Mr. Rueben Oxenham, an honest Lincolnshire grazier, who fancies it some new plan of fattening cattle, patronised by the Duke of Bedford, at his show, or by that benefactor of the bestial, Lord Spencer—"Althorp as was," and his nephew, Mr. Robert Holland, linendraper in Tottenham Court Road. From him, the worthy grazier requests to be informed whether the magnetism is likely to supersede oil-cake and mangel-wurzel in fattening stock, considering it a main thing in these times to be put up to such secrets at the first start. To satisfy his uncle's rational curiosity, Mr. Robert went to make inquiry and observation in person; or, "to examine a sample of animal magnetism," which turned out to have no connexion with such animals as Mr. Oxenham was in the habit of handling, nor yet with magnets. He discovered it to be—"All of apiece with juggling, quack-salving, and mountebanking, such as universal phisic, spitting Coventry ribbons, tumbling and posturing, thimble-rig, and the like fabrics. One of the principal tricks is, sending people off to sleep against their wills; not so new a trick though, but it has been heard of, years and years ago, at Bow Street; and easy enough to perform any day with a pint of porter, providing one was rogue enough to want to hocus-pocus the money out of the other people's pockets into one's own. To come to the point, there's an outlandish Count set up at the west end; and no doubt, will realize a fortune. He has his carriage-people for customers, as well as Howel and James; indeed, I have heard of the Somebodies as well as Nobodies, running after common fortune-tellers' tales, and not too high to be above going up into their back garrets. Some say he is a Frenchman; others a German; but the last for choice, for he smokes enough to drive all the rats out of the neighbourhood. Besides the Germans, I am told, will believe anything, provided it is impossible; which is some excuse for their wanting other people to give them the same long credits. * * * I determined to go wide awake, and to keep my eyes open too, by not taking bite or sup in the house, if offered ever so politely. It surely is showing no disrespect to object to hocused victuals and drinks. I might have spared my fears, however; for there was nothing provided but the legerdmain, &c., and that was charged a guinea for, which you can repay at convenience. I preferred to see somebody taken before me, and another patient was taken first. She was a fine strapping young woman enough, dressed between a fine lady and a servant-maid; but as sly looking a baggage as you could select from an assortment of gipsies; and unless her face belied her, quite capable of scratching a Cock Lane ghost. * * * Something came across me that I had seen her before; and, if memory don't deceive, it was at some private theatricals, contrary to law. For certain, she could keep her countenance; for if the outlandish figure of a doctor, with his queer face, had postured, and pawed, and

poked towards me with his fingers, for all the world like the old game of 'My grandmother send you a staff, and you're neither to smile nor to laugh,' as he did to her, I should have bursted to a certainty, instead of going off, as she did, into an easy sleep. As soon as she was sound, the Count turned round to me and the company with his broken English—"Ladies and gentlemen," says he, 'look at this young Maidens, Mizz Charlot Ann Elizabet Martin,' for that is his way of talking. 'Wid my magnetisimuses I tro her into von state of somnam-boozleism,' or something to that effect. 'Mizz Charlot Ann, dou art a slip.' 'As fast as a church, Mister Count,' says she, talking and hearin every word as easy as broad awake. 'Ferry goot,' says he. 'Now I take dis boke, Mizzis Glasse's Cokery, and I shall make de maidens read som leittle of him wid her back. Dere he is bytween her sholders. Mizz Charlot Ann, what you see now wit your eyes torned de wrong way for to look?' 'Why then,' says she, 'Mister Count, I see quite plain a T and an O; then comes R, and O, and S, and T; and the next word is H, and A, and I, and R.'—"Ferry goot," cried the Count, over again, 'dat is to rost de hair. Ladies and gentlemen, you all hear? As Gott is my shudge, so is here in de boke. Now, den, Mizz Charlot Ann, vons more. Vot you teste in your mouse?' 'Why, then, master's,' says Charlot Ann, 'as snre as fate, I taste sweet herbs chopped up small!' 'Ferry goot, indeed; but vat more bysides de sweet herrubs?' 'Why,' says she, 'it's a relish of salt and pepper, and mace; and, let me see—there's a flavour of current-jelly.' 'Besser and besser!' cried the Count. 'Ladies and gentlemen, are not dese vanderfools? You shall see efery wort of it in de print. Miss Charlot Ann, vot you feel now?' 'Lawk-a-mercy, Mister Count!' says she, 'there's a sort of stuffy feel, so there is, in my inside!' 'Yaw! like von fool belly! ferry goot. Now, you feel vot?' 'Feel! Mister Count!' says she; 'why, I don't feel nothing at all; all the stuffing is gone clean away!' 'Yaw! my child!' says he, 'dat is bycause I take away the cokery boke from your two sholder. Ladies and gentlemen, desc is the grand powers of magnetismus! Ach himmel! as Hamlet says, dere is more in our filosofies dan dare is in de heafen or de eart! Our mutter nature is fond to hide her face! Bot von adept, as me, can lift up her whale!' To shorten a long story, the somnamboozleism lasted for two hours; while Miss Charlotte Anne told fortunes in her sleep, and named people's inward complaints, and prescribed for them with her eyes shut. Mine was dropsy. * * * For my own part, I mean to suspend myself till I feel more symptoms; and, in the meantime, I have experimented on myself, so far as to try, behind my back, to read the 'Ready Reckoner.' But I could not even see the book, much less make on a figure. To be sure, I was broad awake; but it stands to reason that the circumstance only gave the better chance in its favour; at least, it has always been so with a book held the proper natural way. To my mind, it is all Sham Abraham; or else the little boys, that go every day with whole satchels full of books at their backs, would know more about them than they generally do at leaving off school."

Mr. Holland thus leaves off in a postscript, and, after having discussed the subject with a neighbour, "a veterany surgeon," who told him animal magnetism "was all very well for the old men and women physicians, but it won't go down with the horse-doctors."

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

AFFECTIONS OF THE EAR; OF THE TONGUE; OF THE ORGANS OF MASTICATION AND DE- GLUTITION.

THE various parts of the organ of hearing are liable to an inflammatory affection, and the cases in which it occurs, are, from the severe pain which accompanies them, usually denominated cases of *Ear-ache*; for partly in consequence of the firm unyielding nature of the textures, which are the seat of inflammation, and partly in consequence of their being contained in unyielding bony cavities, the pain and other local symptoms are extremely severe. When the inflammation is active, the pain and the determination of blood to the neighbouring parts of the head are very considerable, and the local disturbance is attended with serious constitutional sympathy, so that the sufferings of the patient, both as regards the local symptoms and the general indisposition, are much greater than you might expect, considering merely the extent and comparative importance of the affected parts. Inflammation seated in those textures may proceed to the formation of matter, which may find its way through some of the natural outlets, such as the meatus auditorius externus, or the Eustachian tube; or it may come out by an artificial opening through the membrana tympani; or it may make its way through the mastoid cells and the integuments behind the ear. The inflammation thus produced, and the suppuration, may extend to the bony parts containing the membrane, and thus, carries of the tympanum, or of the mastoid cells, or of the petrous portion of the temporal bone, may be produced; this inflammation in the bones may extend to the membrane that lines parts of the ear, running to the dura mater itself, and thus occasion serious inflammatory mischief in the interior of the cranium. These cases, therefore, in their eventual termination, become more important than they appear in the first instance to be, merely as inflammations of the ear.—TREATMENT: For the reasons I have mentioned, you will see the importance of very active antiphlogistic means. In the outset of the affection, indeed, copious depletion is necessary in many cases, simply as a measure for relieving the patient from excessive suffering, independently of its importance in putting a stop to the inflammation, which may proceed to the serious consequences I have just mentioned.

PURULENT DISCHARGE.—After inflammation arising in this way, you may have *puriform discharge* from the meatus auditorius externus; when this is connected with a diseased state of the bones, the matter discharged frequently possesses very offensive properties; it smells very badly. In other instances, the matter is discharged from the meatus auditorius externus, arising apparently from a simple inflammatory affection of the lining of the meatus; it has then more of a mucous character; it sometimes also has offensive properties.—Treatment: Whether the discharge arises from one or other of these sources, it is very difficult to be remedied. The discharge from the bones can of course only be removed with the disease itself; but even that which arises from inflammation of the mucous membrane, we find very difficult to remedy; the nature of the parts, and the connexion they have with other organs of importance,

and the facility with which inflammation may be excited and communicated to them, render it very dangerous to employ any active means of an astringent or stimulating kind to stop the discharge. It is by no means uncommon to have discharge of either of these kinds from the meatus auditorius externus, more particularly in young subjects, going on for years without our being able very materially to check it. If it appear that the discharge simply proceeds from the inflammatory state of the lining of the meatus, there can be no objection to the injection of mild astringents or stimulants; but all these means should be employed very carefully, for you will find that in the majority of cases you cannot remove the affection; we deem it better, therefore, to allow the disease to proceed to the natural termination which puberty sometimes puts to it, rather than run the risk of exciting inflammation in those parts, or in the important organs connected with them.

Polypus.—The meatus auditorius externus is liable to the growth of polypi, very similar in their structure to the mucous polypi that occur in the nose; and they must be treated in the same way, that is, they must be drawn or torn out.

Unnatural Ceruminous Secretion.—The secretion of the ceruminous glands of the meatus sometimes fills it up and mechanically impedes the transmission of sound, producing, in the first place, imperfection in hearing, and, if the accumulation go on to a considerable extent, almost complete deafness, which, being merely mechanical, however, is removeable with the cause. You have no difficulty in determining the nature of the case; for, if you look into the ear, you see the accumulated ceruminous secretion. If the head be turned a little on one side, and you draw aside the external ear by laying hold of the tragus, you can see the whole length of the meatus down to the membrana tympani, and, consequently, you can very easily satisfy yourselves whether the meatus is filled by ceruminous secretion or not. When it is, you observe the accumulation to be nearly of the colour of a tamarind.—*Treatment*: This source of inconvenience is relieved by employing a syringe and warm water. A small syringe is of no use; you must have a large one, which will enable you to throw in fluid with some force. Use simple warm water, throwing it in with a moderate degree of force in the first place, and increasing that force, if you find it necessary, in order to remove the accumulated matter.

Deafness from various Causes.—The causes of deafness are, in many instances, very obscure; sometimes, however, the nature of the cause is obvious. Persons very often suffer deafness in consequence of catarrh; that is, they become deaf whenever they catch a cold. The mucous membrane of the throat becomes affected with catarrhal inflammation, which is propagated through the Eustachian tube to the lining of the tympanum; or the orifice of the Eustachian tube in the throat is the seat of catarrhal inflammation, and the tumefaction closes the origin of the tube; in either of these ways partial deafness is produced, depending on cold; but it ceases as soon as the cause is removed; when the inflammation of the mucous membrane subsides, the Eustachian tube resumes its natural calibre, and the cause of deafness no longer exists. A state of deafness may be produced by inflammation propagated along the Eustachian tube to the lining of the tympanum, attended with more or less uneasiness in the ear, with symptoms that may require leeches and cupping behind the ear, and other antiphlogistic treatment, by which a stop is put to the affection. Again, deafness is sometimes produced in consequence of chronic enlargement of the tonsils, which compresses the expanded orifice of the Eustachian tube, and thus intercepts the communication between the tympanum and the external air. This is an imperfect kind of deafness; it is not permanent, and the degree varies according to the extent of the enlargement. Then there are numerous cases of deafness, in which the affection comes on insensibly, and in which, no doubt, it depends on changes of some of the complicated apparatus that constitutes the internal ear. Here we do not know which part of the apparatus is out of order, and we have no means of ascertaining the exact derangement. We are quite

in the dark, therefore, as to the cause of the affection, and, consequently, are unable to apply any appropriate remedy. It may happen that the disorder may be such as to be attended with some obvious symptoms, symptoms of congestion about the ear, pain, symptoms of a character obviously requiring a certain kind of treatment, by the adoption of which we can relieve the individual. But there are numerous cases of deafness where the affection comes on insensibly, where it is not attended with any marked symptoms, where the patient is not perhaps aware of any symptom whatever, until the hearing is lost on one side, and where we are at a loss to determine the cause. Under such circumstances we can have no rational remedy to apply. The number of individuals who have lost the hearing of one ear, who are deaf on one side, is very great. It is fortunate that there is not the same sympathetic connexion between the two ears that exists between the two eyes. If the sight of one eye be lost, there is a great risk that the sight of the other will become weakened, impaired, or even perhaps lost; but the loss of hearing in one ear is not attended with any risk to the other.

AFFECTION OF THE TONGUE.

Wounds of the tongue are sometimes attended with troublesome bleeding. The lingual artery is a vessel of considerable size, running on to the extremity of the tongue, and being of considerable magnitude even there. It happens sometimes, in consequence of fits, that the tongue is wounded by the teeth, and that bleeding takes place, which it is difficult to stop. I remember having had a child under my care, who had bitten very deeply into the substance of the tongue, just at the broadest portion of its loose under part; he had divided it horizontally, nearly in the middle line, and bleeding took place, which I found it impossible to restrain by any styptic application. I employed in vain the oil of turpentine, and a saturated solution of alum freely, and the child had lost so much blood, that I deemed it in danger if hæmorrhage continued or recurred. But at last I stopped the bleeding by the following measure, which, however, seems rather a rough one. I introduced at the basis of the loose part of the tongue, bringing it downwards, a strong needle armed with a ligature, and cutting the ligature off after I had brought the needle through, made two ligatures; I tied them tightly, one on each side, so as to embrace between the two the whole surface of the wound, including nearly half of the loose under part of the tongue. This stopped the hæmorrhage. I was rather apprehensive that by causing the loss of so much of the substance of the tongue, some bad effect might have been afterwards produced, but it was not, and the subsequent articulation of the child was perfect.

Inflammation and Enlargement.—The tongue is sometimes liable to inflammation, attended with a general swelling of its substance—a general inflammatory enlargement, which may proceed to such an extent, as to cause the tongue to project out of the mouth. The occurrence is not a very common one, but I have seen a few cases of it.—*Treatment.*—The most effectual mode of relieving the patient consists in making one or more incisions into the substance of the tongue, by means of which a free discharge of blood takes place, and the overloaded vessels are emptied; this is attended with a subsidence of the swelling, and relief from the great inconvenience and alarm which the circumstance occasions; the swelling having subsided, no more trouble is experienced.

Cancer.—The tongue is liable to cancerous affection. A scirrhus tumour forms in it which proceeds to ulceration. The character of the tumour originally is like that of scirrhus tumours in other parts of the body. It is a firm incompressible growth, and proceeds to an ulcer, having the marks of cancerous ulceration; that is, there is an excavation in the centre of the tumour, a hard rising edge, and an ichorous offensive discharge. This scirrhus affection is attended with disease of the absorbent glands connected with the tongue, and has the same tendency to destroy life which cancer has when situated in any other part of the body.—*Treatment*: The only chance of arresting this affection is by the removal of the affected part before the absorbent glands become the

seat of disease. If you do so after the glands have swelled, the disease returns. The situation and vascularity of the tongue hardly admit of your removing the tumour by the knife, and therefore in a case where you deem it expedient to proceed to this operation, you must employ the measure I have just mentioned, that of ligature—passing a strong ligature through the basis of the tumour, and tying the two portions of the ligature, one before and one behind the swelling, so as to embrace its whole basis. In a case where the affection is so confined that you can accomplish this, the glands not being affected, you may attempt this mode of relieving the patient with a fair prospect of success.

Ulceration and Tubercular thickening.—There are other affections of the tongue, such as enlargement of its mucous membrane—tubercular thickening of it sometimes attended with ulceration; there are also superficial ulcerations without much enlargement; these latter are affections of an innocent kind, not malignant in their nature, and yield to ordinary treatment.—*Treatment*: In the case of such affections you must, in the first place, regulate the diet of the patient, bring the stomach and bowels into a sound state, then perhaps administer a course of alterative mercurial medicine, with sarsaparilla, and mild aperients, and if the tongue do not get well then you may have recourse to mild astringents or escharotics—the solution of the nitrate of silver, and so on.

Tongue-tie.—We sometimes are consulted respecting children who are brought to us under the idea that they are *tongue-tied*. The child does not begin to speak so soon as the parents expected, and they fancy that this arises from the movements of the tongue being impeded by the small fold of membrane which is called the *frænum* of the tongue not being of sufficient length. I believe the cases are very rare in which the *frænum* is so short as to interfere with suckling, deglutition, or articulation. I will not venture to say there are no instances in which the *frænum* may not require to be divided, but I would observe they are extremely rare. If you find upon opening the mouth of the child that it moves the tongue, that it turns it round from side to side, and projects it from the mouth, you may be satisfied that any imperfection in its motion must arise from some other cause. This shortness, however, of the mucous membrane forming the *frænum* of the tongue is quite innocent and simple, and there is no danger in making a division. All you have to do is to fix the tongue, and with a small pair of scissors just to snip through the *frænum*.

ORGANS OF MASTICATION AND DEGLUTITION.

Cancer of the Lips.—The lips, and particularly the lower one, are subject to cancer as well as the tongue. Cancer commences in the lip, either by the development of a scirrhus tumour in its substance, which proceeds to ulceration, or in the form of cancer affecting the skin, beginning with a tuberculous thickening of the skin, and proceeding also to ulceration; the latter is the more frequent form. It leads to a cancerous ulcer bearing the general characters of disease of that kind. It attacks the absorbent glands, and it contaminates the system; so that the termination of the affection when situated in the lip, if left to itself, is just as fatal as when it takes place in any other part of the body. *Treatment*: Here the only chance of effectual relief consists in the removal of the part in the early stage of the disease, and before the glands become diseased. The result of operations on the lip at that early period is tolerably favourable; perhaps more so than the result of similar operations in any other part of the body. The general mode of operating in this case, has been to isolate a portion of the lip by two perpendicular incisions, uniting at the lower parts so as to form the letter V. When the portion is taken out, the edges of the wound are brought together by hare-lip pins, just as after operating for hare-lip. Now, it has been observed by Baron Dupuytren, that it is not necessary to take out this triangular portion of the lip; that it will be sufficient if you merely shave off the diseased part by a horizontal incision. He says, that the scirrhus disease in those cases is not a diseased change of the substance of the lip itself, but that it is a

new production developed in the lip, which pushes aside and condenses the original structure; that if you shave off this tumour, the original structure will swell out again, and the lip recover nearly its natural figure. At all events I can state to you, that the mode he recommends has advantages. I have removed a few cancerous affections of the lip in that way, and I have found that after the healing process has been complete the lip has regained nearly its natural form. The operation is much more simple when performed in that way, than if you make the incision in the manner I have mentioned. In the mode that has been proposed by Dupuytren, you make a curved horizontal incision, going around the boundary of the disease, observing merely that you carry your incision so as completely to remove the whole of the diseased part. If you defer operating in these cases until the absorbent glands are affected, the result is unfavourable; the patient perishes in consequence of the extension of the cancerous disease, just as the same event would occur when cancer is seated in the mammae. It is also very important here, as in any other case of cancerous affection, to remove the whole of the diseased parts. The importance of taking away as little as you can help of the lip is very great, in consequence of the subsequent deformity that it will produce; but you must not allow that consideration to induce you to leave behind any part that is liable to suspicion. The object of your operating is to remove a disease which, if allowed to continue and proceed, must destroy life; it is much more important, therefore, to remove the whole that may, by possibility, be contaminated, than to spare the patient a slight deformity, in consequence of taking away a little less than you might deem necessary.

Tumours, &c., of the Gums, Palate, &c.—The gums and the palate sometimes give rise to tumours, which generally assume something of the fungoid character; these must be dealt with by the knife. You must cut away and remove the diseased part; and you find it generally necessary to combine with this a scraping away the basis of the structure from the surface of the bone, for, in the gums and palate, these tumours adhere so closely to the bones, that unless you scrape them you cannot be satisfied that the basis are taken away.

Ranula.—A tumour is sometimes seen in the interior of the mouth, to which the name of *ranula* is given. It is usually formed between the under surface of the tongue and jaw, and is said to arise from obstruction of the excretory ducts of the submaxillary and sublingual salivary glands. We find a tumour in the situation I have mentioned, which has a semi-transparent appearance, and which varies in size from an inconsiderable magnitude to a capacity of many ounces. If we puncture the tumour, there escapes from it a thick, transparent, viscid fluid, sometimes nearly as thin as the white of an egg, but in general much thicker, more gelatinous, and more viscid.—*Treatment*: If you merely puncture such a tumour and let out its contents, the sides of the wound made by the puncture unite, and the tumour is reproduced. If you make an incision the whole length of the tumour, you will find that the same result ensues. You might suppose, that if you divided the whole length of the surface it would granulate, and no fresh secretion of jellylike fluid would take place again; this is not, however, the case; and the only mode of dealing with such a tumour consists in making an incision in its whole length, and either dissecting away the external surface (that surface which is towards the mouth), or when you have made the incision, rubbing the surface over with lunar caustic. These tumours are of an indolent kind, and so long as they are inconsiderable in magnitude they cause no inconvenience; we are only required to operate on them when from their size they become inconvenient. Occasionally they obtain a very considerable magnitude indeed, and sometimes their contents are discharged in the way I have mentioned to you. A great many years ago a lady came from Canada, and placed herself under my care, in consequence of having a tumour situated under the tongue, which from its size pressed the tongue upwards towards the roof of the mouth, and occupied so large a space as to in-

terfere considerably with deglutition and mastication, and also very materially with articulation. This tumour was sensibly felt on putting the finger into the mouth, under the tongue; it also projected under the edge of the jaw below. In the first instance I made an opening under the edge of the jaw, and there was evacuated a thin gelatinous fluid, containing particles of white opaque substance, in colour and appearance very much like boiled rice. This opening was closed and united; the tumour shortly regained its original size, and it was then deemed necessary to remove it. I made an incision, dissecting down to the surface of the cyst externally, and denuded as much of the cyst as I could, but I found that it extended among the muscles of the tongue, and that I could not possibly dissect out the whole of the cyst; I therefore took away as much of it as I could, and a large quantity of the surface was exposed. On then introducing the finger, I found that the cyst went quite back to the root of the tongue. When the wound, made by this operation, was healed, the patient seemed recovered from the inconvenience and swelling, but to my great mortification the swelling was soon gradually reproduced, and the patient had again the same sort of tumour as before. I found it necessary to repeat the operation; it was a very painful one, and after cutting away as much of the cyst as I could, I rubbed over the surface of the remaining part with the nitrate of silver, and, keeping open the wound, I injected the solution of the nitrate of silver into it, adopting all the other means I could of preventing a closing up of the wound and a return of the tumour; and this mode of proceeding was completely successful; no doubt the cyst granulated and was completely obliterated. In ranula, however, the proceeding adopted in the inside of the mouth is sufficient, that of first slitting up the surface of the tumour and applying the nitrate of silver, or a pretty strong solution of it, to the surface of the cyst. A small seton has also been found efficacious in the treatment of ranula.

The Salivary Glands.—It sometimes happens that little calculous concretions form in the salivary ducts, particularly of the sublingual gland. I had occasion to take out one a short time ago, which was about the size of a small bean. The patient had suffered a great deal of inconvenience from it, and was not aware of the nature of the affection. I found there was a calculous substance protruding; I enlarged the duct and took it out. Diseases of the salivary glands are very rare. One hardly knows of any instance in which they become enlarged or altered in structure, so as to require removal. I do, however, recollect seeing one case where there was a hard scirrhus tumour which seemed to involve the parotid gland, but where the nature of the affection was such as entirely to preclude all idea of removing it. I should suppose it would be very difficult to remove the gland, inasmuch as it includes within itself the trunk and the branches of the carotid artery; I fancy I may say to you that it is an operation which you will never be called upon to perform.

The Tonsils.—The tonsils are liable to acute inflammation, which sometimes terminates in abscess; the swelling which is thus produced, frequently interferes with deglutition and respiration, in such a way as to alarm the patient excessively, and to make both him and his friends apprehensive of suffocation. But this is only a temporary alarm; the abscess gives way and the symptoms are relieved. Frequently, however, we can accelerate the breaking of the abscess by plunging a lancet into it and letting out the matter. Holding down the tongue look into the mouth, and if you see that the tonsil on one side is considerably swollen, is of a bright-red appearance, and exhibits a prominence such as is produced by the advance of matter to the surface, you may without any scruple plunge the end of a sharp-pointed double-edged bistoury into the swelling, and give ease to the patient. Even if you should make a mistake as to the formation of matter, the mere making of a puncture into an inflamed tonsil would not be injurious.—The tonsils are frequently the seat of chronic enlargement; they acquire a greater bulk than is natural. This augmentation may become so considerable as to cause the two tonsils to meet

at the entrance of the fauces, so that when you look into the throat you see that the entrance to the pharynx is completely obstructed. This is generally the result of repeated attacks of inflammation, and in an enlarged condition the tonsils are more liable to disease than in their natural state. Various inconveniences arise from this state; first, the liability to repeated inflammations; secondly, serious impediment to deglutition; thirdly, a very disagreeable change in the voice; and, fourthly, pressure on the Eustachian tubes, accompanied with more or less deafness. In cases of deafness in young subjects, it is always right for you to bear in mind the probability of this cause, and to inspect the throat before you determine on the case.—*Treatment*: The ordinary means have but little effect in removing this chronic enlargement of the tonsils. You may give opening or alterative medicine, regulating the diet, or apply astringents, such as a solution of the sulphate of zinc, a solution of alum or of the nitrate of silver, or even the concentrated nitric acid, and yet you do not remove them. In instances where the tonsils have been inflamed for a considerable time, where they have acquired a considerable magnitude, and where any inconvenience has existed in a marked degree, I think the shortest way is to remove the enlarged tonsil, which is done very easily. It has been recommended to *tie* the tonsil; to convey a ligature over the basis of the tumour, and draw it tightly so as to stop the circulation, and so remove it. The operation, however, of tying a ligature around the basis of the tumour is not very easy, and the subsequent process is very tardy, while the operation by the knife is very speedy; it immediately relieves the patient, who hardly experiences any uneasiness afterwards.—You take hold of the tonsil by a hook, a common tenaculum for instance, transfix the tonsil with it, having an assistant to hold down the tongue with the handle of a tablespoon, get a firm hold of it with the tenaculum, and then the catlin of a common amputating case will answer the purpose very well; roll lint round it so as not to leave above an inch or an inch and a half of the knife uncovered, then carry it backwards into the mouth, cut the tonsil through, and away it comes. In this way I have removed tonsils a great many times, and I never saw hæmorrhage of any consequence produced by the operation. The patient in many cases does not lose a tablespoonful of blood; the throat of course is a little sore for two or three days, but not so materially as to interfere with deglutition; the surface speedily granulates, and the operation very completely liberates the patient from inconvenience.

Uvula.—The *uvula* is sometimes enlarged and elongated. It hangs down, and produces considerable irritation and inconvenience, which, however, can be effectually removed by seizing the end of it with a pair of forceps, and snipping off a portion with a pair of scissors—a very simple and effectual remedy.

Wounds of the Pharynx and Œsophagus.—These we do not very frequently have to treat, for wounds can hardly extend to those parts, without involving others, particularly blood-vessels, which are so important as to settle the event of the case pretty completely. A difficulty arises in the case of wounds in these situations, as regards the conveyance of food into the stomach, and it has been recommended, under such circumstances, to feed the individual by means of a tube passed through the nose into the pharynx and Œsophagus down to the stomach. I should think, that in the case of a wound in the pharynx and Œsophagus, it would, perhaps, be better to trust the nutrition of the patient to food which can be introduced into the system *per anum*. You can nourish a person in this way for a considerable time; I do not know the exact limit, but, at all events, you can effectually nourish a person by nutrient glysters for a fortnight or three weeks, and thus you can leave the parts about the throat, which may be the seat of the wound, completely at rest, to perform those natural processes which are necessary for the healing of it. I know of one instance, that of a young lady, in whom on account of some peculiar affection about the throat, which produced excessive spasms whenever an attempt was made to take

food, in which nourishment was conveyed into the system *per anum* for six weeks; during which time she never swallowed either solid or fluid. It appears, therefore, that you may continue thus long in a case of urgent necessity to administer food in that manner.

Sometimes when persons in swallowing food have a portion of it stick in the throat, and find that it will not go down, it becomes necessary for you to push it down by the use of an instrument called the *probang*. A probang is a piece of whalebone with a bit of sponge at the end of it. Oil the instrument, push it into the mouth, and then downwards, until it arrives at the substance in the œsophagus, and then onwards, till you find you can drive it into the stomach. At the end of some of these instruments, there are little contrivances by which you may attempt to hook up bits of bone or other substances that may stick in the œsophagus; the operation is, however, rather uncertain.

Stricture of the Œsophagus.—The œsophagus is subject to stricture; the tube becomes narrow, particularly about the termination of the pharynx, where the œsophagus begins, and an impediment to the passage of food into the stomach is thus produced. The patient finds that food does not go down with the usual readiness; that solid substances cannot be swallowed at all—that he can only get down things that are soft, or fluids. You do not find that actual stricture exists in all cases in which sensations of this kind are experienced. There are cases where difficulty of swallowing, for want of a more precise term, is said to be *spasmodic*; that is, there are some persons that find a difficulty in swallowing, where no disease of the nature of stricture exists. I am acquainted with an individual who sometimes (and for a considerable period) swallows with great difficulty. He sometimes finds, in the midst of dinner, that his food will not go down; he rises up from the table, and is obliged to leave the room; at other times he swallows as well as any other person. Now this condition has existed for four or five years, so that it cannot depend on any organic change; there is no stricture, nor any actual disease of the tube. There are cases, however, where stricture of the œsophagus exists, and produces the inconvenience I am alluding to. Sometimes this affection is of a scirrhus nature; it proceeds to ulceration, and all the series of changes attending that affection. In general I am not very friendly to the introduction of instruments for the purpose of enlarging these strictures of the œsophagus; the operation is painful, it is distressing to the individual, and is rather blind work. You meet with instances in which you cannot find out whether the inconvenience arises from stricture, or from something pressing against the surface of the tube. In some instances, however, we do find that temporary relief is afforded by the employment of the bougie. In cases, therefore, where attention has been paid to the diet—where soft articles of diet have been taken, easily chewed, and easily swallowed—where attention to the general health has not been overlooked—in cases where all these means have been had recourse to without the affection being removed, you may proceed to the cautious use of the bougie.

ROYAL COLLEGE OF SURGEONS LONDON.

List of Gentlemen admitted Members on Friday, January 8, 1841:—

Edward Charles Elwall.
James Dudden Perrin.
Humphrey Hudson.
William Okell.
William Alexander Russell.
Thomas Bennett.
Frederick Mellaud.
Norman Chevers.

OBSERVATIONS ON ABDOMINAL TUMOURS AND INTUMESCENCE, ILLUSTRATED BY CASES OF DISEASED LIVERS. BY R. BRIGHT, M.D., F.R.S., &c.

[From the Guy's Hospital Reports.]

2. *Disease of the Kidney* frequently occasions difficulty in diagnosis. For though it seldom enlarges in such a way as to push the right lobe of the liver before it, yet it often presents itself as a tumour, proceeding from the under surface of the right lobe; and as it has sometimes attained a considerable size before it has been detected, it has been supposed to be continuous with the liver, and a growth from its substance.

3. *Disease of the Stomach.*—Disease of the stomach might be mistaken for tumour of the liver, particularly of the left lobe; but this will not often occur. The small curvature, when scirrhus, and particularly when fixed by disease to the liver, resembles greatly hepatic tumour. A malignant tuber in the stomach likewise, or a malignant thickening of the whole of that organ, may at first sight deceive; but strict examination, particularly by percussion, will demonstrate the cavity beneath, and show that the disease is situated in a hollow viscus. In general, the pain referred to the stomach, and increased or excited by eating, the frequent nausea or vomiting, the marked emaciation, and the absence of the more remarkable symptoms of hepatic disease, will enable us to determine that the tumour belongs rather to the stomach than the liver.

4. *Morbid Growths of the Omentum or Peritoneum* may assume a very near resemblance to the liver studded with tubera or enlarged by disease; in most cases there will be found an obvious separation between the tumour and the liver, and a space where the colon or the stomach emits a clear sound on percussion; and the hard portions in the enlarged abdomen will be separated in a manner which will prove that they are not connected with the liver; there will likewise be an absence of many of the symptoms of hepatic disease. Dr. Bright, however, introduces one case for the purpose of showing the difficulties that may be experienced.

CASE.—*Malignant Disease of the Peritoneum, resembling Hepatic Tumour.*—On the 22d of November, 1830, Dr. B. was requested by Mr. Fernandez, to see a shoemaker, aged 44. The account obtained was, that about a year ago he first felt a small lump below the ensiform cartilage; and the hardness seemed to increase across the stomach at the upper part, gradually extending downwards, to the present state; for some months he had occasionally vomited his food; and for the last six weeks this had happened constantly, about half-an-hour after eating, without pain or difficulty; though the nurse said that what he vomited was of a dark colour, having both the appearance and smell of faecal matter. The stools were dark. His countenance pallid, but not sallow; and he had never had anything approaching to jaundice. On examining the abdomen, there were two or three projecting lumps, of the size and nearly the shape of half an egg, near to the scrobiculus cordis; and the whole upper part of the abdomen presented one uniform hard substance, almost as firm as cartilage, giving a general and equal fulness to the abdomen; this hardened condition extended almost to the pelvis, where there was a distinct lobulated margin to be traced, in the form of the lower margin of the liver; this descended lowest on the right side, but also was low on the left, where one or two lumps were to be felt, like independent tubers separated from the general mass. Increasing exhaustion took place, and, on the 9th of December, the man died. On the 11th the body was examined.—On removing the external integuments and muscles, the peritoneum remained thickened to nearly a quarter of an inch, in some parts; and when this was thrown back, a large mass, very firm, and nearly the colour of fat, presented itself, descending into the pelvis, and there assuming the form of the liver, with a division between its lobes. This mass extended upwards, so as to push the diaphragm before it, and assume nearly the form of that muscle, in expiration.—

Raising this mass from below, the intestines came into sight, pushed chiefly to the left side, and covered with rounded masses of a semi-gelatinous form and appearance, assuming quite the disposition of fungoid disease; sprouting up, and growing in botryoidal forms, and giving an indistinct vesicular appearance, when cut through. Many of these fungous masses were arranged near the point where the mesentery joins the intestine; and some were quite pendent by threads not less than half an inch; and some had three or four such threads supporting them, apparently vessels. Many were seated upon the mesentery, or on the intestine. A large mass had formed between the rectum and bladder.—On examining more carefully the large mass which filled the greater part of the abdomen, it was found to be almost entirely formed of the adventitious structure, and the liver and stomach were both included in its substance; the liver not greatly altered in its colour or texture, but dwindled in size; and the stomach greatly contracted, and rendered quite irregular through its whole internal surface, so that the cavity bore no resemblance to the natural form or appearance. This mass likewise descended to the kidneys, which were partially imbedded in it. It could be raised from its lower margin like an enlarged liver, and then the intestines were displayed; but the fungous granulations from the different parts had produced some adhesion. The texture of this mass was quite vesicular; and though it seemed formed of numerous cysts, of almost equal size, not larger than sweet-peas, so that great part of it presented a rather uniform texture, it was evident that it assumed, in some of its loose and less-restrained portions, the structure which Dr. Hodgkin has ascribed to malignant growths; and in many of the cavities a gelatinous matter had collected, as in the ovarian dropsy.—The lungs were healthy, but there were several little transparent fungoid bodies on the pleura. The peritoneum covering the liver was greatly thickened by the same morbid growth, and adhered to the viscus.

4. *Displacement of the Liver by Disease in the right side of the Chest.*—It frequently happens that extensive effusion, or consolidation of the lung, either from pneumonia or malignant disease, depresses the liver so much as to render the sound of the right hypocondrium most remarkably dull for several inches below the ribs; and then it is by no means uncommon to find the medical attendant fully convinced that the liver is enlarged;—and probably now, if not before, he is induced to doubt whether the previous inflammatory attack did not belong to the liver, rather than to the lung or pleura.—Dr. Bright relates two cases illustrative of this remark. They present, however, no feature of particular importance.—In the next case, the liver was pushed down by effusion between it and the diaphragm.

CASE.—*Abscess situated between the Diaphragm and the Liver, producing apparent Enlargement of the Liver.*—August 6, 1834, a boy was admitted into Luke's Ward, under the care of Dr. Back, labouring under bronchitis. He became rather suddenly the subject of a very large swelling in the situation of the right lobe of the liver, but passing over, in a cushion-like tumour, towards the left side. No hepatic symptoms presented themselves. It was leeches, and other remedies employed; and at a time when it seemed to threaten great mischief, it rather suddenly diminished to a great extent; and then it very naturally became a question, whether this had been a highly-congested state of the liver from the bronchitis, or whether it might have been fœces in the colon, or whether some abscess in the liver had found means to discharge itself. The relief obtained was very temporary, and on the 11th of August he died.

Section Cadaveris.—The lungs bore decided marks of bronchitis and of pneumonia; the right lung was adherent to the diaphragm. A large abscess was situated between the diaphragm and the liver, pressing down the latter. Its parietes completely insulated it from the general peritoneal cavity; but it had so compressed the right lobe of the liver, as to produce the complete appearance of an excavation in that organ, as an empyema.

REVIEWS.

Elements of Chemistry, including the most Recent Discoveries and Applications of the Science to Medicine and Pharmacy, and to the Arts. By R. KANE, M.D., &c. Part I. Dublin: Hodges and Smith.

THE first part of a cheap and comprehensive text-book of chemistry, particularly calculated to meet the views of students. The Second and Third Parts are advertised for speedy completion, and when the whole is published, we may enter upon a lengthened review.

A Tabular View of the Signs afforded by Auscultation and Percussion in Diseases of the Heart and Great Vessels. By O'BRYEN BELLINGHAM, M.D., &c. Similar Table for *Diseases of Lungs*. By same Author. Longman.

Two broad sheets, showing at one view the Signs afforded by Auscultation and Percussion in two important and prevalent classes of disease. They afford accurate information of the amount of our knowledge in these branches of medicine, and should find a place in the study of both pupil and practitioner.

CORRESPONDENCE.

PROFESSIONAL QUACKERY AT BLACKBURN.

To the Editor of the 'Medical Times.'

SIR,—Knowing the wholesale contempt always shown in the 'Medical Times' to Quackery in general, I have sent you, by this post, a copy of the 'Blackburn Gazette,' in which you will see a particularly charlatanist advertisement, and this being the work of a really licensed surgeon, is more dangerous and detrimental to the talents of medicine than a score from the usual ignorant quarter.—I beg to express a hope that you will not spare the surgeon "par excellence" of Preston, but wholesomely chastise his backsliding.—Query. Could he be struck off the roll of M.R.C.S. for his conduct?—I am in the habit of regularly reading your attacks on the hydro-headed monster, and trust to see Mr. H., of Preston, properly dressed and served out.—I am, yours, &c.,

A CONSTANT READER.

"CURE OF SQUINTING.—Mr. Harris, surgeon, of Preston, and member of the Royal College of Surgeons, in London, avails himself of this mode of informing the public of Blackburn and the neighbourhood, that he has successfully performed the new operation for the cure of squinting, and that he will attend in Blackburn, at the Hotel, on Thursday, the 12th inst., and the following Thursdays, to operate on those who suffer from the defect of squinting.—Lune Street, Preston, Nov. 7, 1840."

"CURE OF SQUINTING.—Mr. Harris, surgeon, of Preston, has the honour to inform the inhabitants of Blackburn and the neighbourhood, that, having successfully performed the new operation in cases of squinting, for the removal of that defect, he will attend for the same purpose at the Hotel, in Blackburn, on Thursday, the 12th instant, and the following Thursdays."—*Blackburn Gazette*, Nov. 11.

"CURE FOR SQUINTING.—The discovery of a simple and effective plan for the cure of squinting has for some time past engaged the attention of medical gentlemen, and the operation has been conducted successively by several of the faculty. Mr. Brown, surgeon, of Preston, on Sunday last, cured a person of this defect, and has since twice operated with success. Mr. Harris, surgeon, on Tuesday last, performed the operation on a young lady of Preston with the like result. The operation in this instance occupied only about a minute, and was attended with but slight pain."—*Blackburn Gazette*, Nov. 11.

"CURE OF SQUINTING.—We are happy to learn that the new operation for the removal of this defect was successfully performed by Mr. Harris, surgeon, of Preston, at the Hotel in this town. The right eye was turned inwards previous to the operation, but on the division of the muscle immediately became straight."—*Blackburn Gazette*, Nov. 18.

seems to scoop out the lung with which it lies in contact. The surface of the liver, however, was not broken; so that there was no trace of bile in the abscess.

5. *Malposition of the Liver, &c.*—"The deviations," says Dr. Bright, "from the natural position of the liver, with which I have met, have been very few; but where they do occur, they must necessarily present difficulties in diagnosis, scarcely to be overcome. I have never been present at the examination of a body in which the organ was transposed; but I have seen the left lobe so much elongated and enlarged, without any disease in the structure, as to vie with the right in size; and in other cases, to extend across to the left hypochondrium, reaching quite to the spleen. I have also seen, in one case, the liver placed behind several coils of intestine; so that whatever had been its size or extent, percussion would have yielded a clear sound."

CASE.—*Small Intestines situated anteriorly to the Liver.*—Mr. Bushfield, aged 50, with sallow complexion, had consulted Dr. Bright frequently, in the last two years, for a loathing of food, and a sense of sickness of stomach without vomiting. Bowels costive, but he suffered much from the action of purgatives. He spoke of pain at the scrobiculus cordis, running back to the spine, and up the centre of the chest. He obviously became emaciated; and his symptoms were altogether such, that Dr. B. suspected some malignant disease. In the last year of his life, he had plainly phthisis pulmonalis.—In March, 1835, he died, and the body was examined. In the apex of each lung were old phthisical cavities, and some tubercles in other parts. The heart healthy, but small and flaccid. Towards the pyloric extremity of the stomach were two or three small round ulcers. Pylorus healthy; duodenum granulated. There were several ulcers in the ileum, particularly near the valve, and also in the colon. The mesenteric glands, near the ulcers, slightly enlarged; liver healthy; pancreas congested; spleen twice its natural size; kidneys healthy, but discoloured by congestion. Such was the condition of the several organs; but the most remarkable circumstance was, the relative position of the abdominal viscera, when the abdomen was laid open. Neither the liver nor the colon presented itself to view; but in their stead, the convolutions of the small intestines, which were found to have come completely in front of the liver; the colon and the omentum doubling over the liver, and pressing it back, so as to have made deep furrows in its anterior surface.

6. *Disease of the left Lobe of the Liver.*—Dr. Bright has seen great difficulty arise when the left lobe of the liver alone has been involved in disease, or where the disease of that lobe has been greatly disproportioned to the disease of the right lobe; of which the following case furnishes a good example.

CASE.—*Malignant Tumour, confined entirely to the Left Lobe of the Liver, and ascending to wards the Thorax.*—Ann Cook, aged 59, a widow, admitted into Guy's Hospital, Nov. 6, 1839. Six weeks back, she had been wet through; and was attacked with rigors, flushes of heat, and great thirst, with pain in the left side, which she says had existed in a less degree for some time before. This pain was aggravated by cough and deep inspiration.—At the time of her admission, her countenance was expressive of much suffering; and she complained of great pain in the left side, near the angle of the ribs. In the left hypochondriac region, just below the margin of the false ribs, there was a tumour of the size of a large fist, very tender on pressure, and protruding in a very obvious degree the lower ribs. Tongue brown and dry; urine passed in moderate quantities, depositing the purpates, and not coagulable by heat.—The right side of the chest anteriorly yielded a clear sound on percussion, and the respiration was natural. On the left side, anteriorly, it was dull on percussion, as high up as between the second and third ribs, and no respiration was heard; posteriorly, it was dull on percussion, the respiration tubular, and there was bronchophony. The sounds of the heart heard more to the right of the sternum. She died in ten days.—*Dissection.*—On

opening the chest, the diaphragm was noticed to be pushed up by the liver, as far as the third rib on the left side; but on the right, only as far as the sixth. The left lung was pushed up very high, as far as the seventh rib; but there was a small portion which was situated lower down, posteriorly, and which appeared much compressed; they were otherwise healthy. The heart was pushed up, and more to the right side than natural.—*Abdomen.* On opening this cavity, a large tumour presented itself; this was situated in the left hypochondriac region, and originated within the left lobe of the liver, which pushed the stomach to the right side. The tumour within the liver was of the size of an adult's head, and of a rounded form; its external surface was firmly adherent to portions of the lower surface of the diaphragm, and posteriorly to the spleen and kidney. On cutting into the tumour, it was found to be of a fungoid nature (*fungus hæmatodes*), originating within the structure of the left lobe of the liver internally.

7. *Other Sources of Difficulty.*—"Besides the difficulties which have already been enumerated, as opposed to unerring diagnosis, we must not omit to mention, that the spleen, when diseased, has occasionally been mistaken for the liver, and the liver for the spleen;—errors into which we may easily fall, when the left lobe of the liver is particularly affected, or is supposed to be so; nor is it an unusual thing to find both liver and spleen enlarged at the same time. It must likewise not be forgotten, that ovarian tumours, encroaching in their progress upon the right hypochondrium, and on the upper portions of the abdomen, have not only by careless and ignorant men, but by the skilful, been pronounced hepatic."

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 2nd January, 1841:—

Epidemic, endemic, and contagious diseases	254
Diseases of the brain, nerves, and senses	182
Diseases of the lungs, and other organs of respiration	487
Diseases of the heart and blood-vessels	28
Diseases of the stomach, liver, and other organs of digestion	61
Diseases of the kidneys, &c.	10
Childbed, diseases of the uterus, &c.	16
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	0
Diseases of uncertain seat	152
Old age, or natural decay	135
Violent deaths	41
Causes not specified	7

Deaths from all causes..... 1377

THE REV. DR. WARNEFORD.—This truly liberal and philanthropic divine has recently presented, through the medium of Sands Cox, Esq., the sum of 1000*l.*, in addition to his two former donations of 1000*l.* each, to enable the Council of the Birmingham Royal School of Medicine and Queen's Hospital to carry out the object which he has so much at heart—namely, to combine religious with scientific studies and pursuits, and to make Medical and Surgical Students good Christians, as well as able practitioners in Medicine and Surgery. The same generous patron has also presented to the Birmingham Royal School of Medicine a sum of money to be devoted to the education of a die for two gold medals, as the annual prizes instituted by him, for the best essays on a subject "to be taken out of any branch of anatomical, physiological, or pathological science, to be treated of in a practical and professional manner; but always and especially with a view to exemplify and set forth, by instance or example, the wisdom, power, and goodness of God, as revealed and declared in Holy Writ."

TO CORRESPONDENTS.

THE LATE DR. RYAN.—*Dr. Ryan, late Editor of the 'London Medical and Surgical Journal,' and author of well-known works on Obstetrics and Medical Jurisprudence, having been cut off in the prime of life, before he was able to make any provision for his family, has left a widow and four infant children in a state of complete destitution. In order to raise a fund for the purpose of making some provision for them, a subscription has been commenced.—The following gentlemen have kindly consented to receive subscriptions:—*

*J. T. Conquest, M.D., 13, Finsbury-square.
Jas. Johnson, M.D., 8, Suffolk Place, Haymarket.
Klein Grant, M.D., 18, Charlotte-st., Bloomsbury.
Thomas Smythe, Esq., 41, Chancery Lane.
Mr. Churchill, Medical Bookseller, Princes-st., Soho.*

The Medical Profession throughout the Kingdom are urgently requested to forward this benevolent object.

THE MEDICAL TIMES.

MEDICAL REFORM.

OUR readers must now be on the tip-toe of expectancy in order to witness the moves, individually or unitedly, of the four professed Medical Reformers in the House of Commons during the "early" part of the forthcoming session, which commences its sittings on the 26th instant. The four champions to whom we allude, are those who have given notice of bills in favour of Medical Reform "early next session," viz., the Attorney-General, Messrs. Warburton, Wakley, and Hawes—each of whom have pledged themselves to bring in separate bills.—We promise on our part to communicate to our readers the earliest medical news connected with any proceedings within the walls of St. Stephen's, and in the mean time submit for their scrutiny a copy of Mr. Hawes's Bill.

MR. HAWES'S "MEDICAL REFORM BILL."

Printed verbatim from the Copy furnished us by the Hon. Member for Lambeth.

DRAFT OF A BILL TO AMEND THE LAWS RELATING TO THE MEDICAL PROFESSION IN GREAT BRITAIN AND IRELAND. BY MR. HAWES.

WHEREAS it would tend to the advantage of the public to alter and amend the laws touching the Medical Profession, and to make due provision for the prevention of persons not being duly qualified from practising the Art of Medicine, and to provide, that all persons before practising the same shall be duly examined as to their skill and knowledge by learned and competent persons, and thereupon be permitted to follow and exercise the Art of Medicine in any part of the British Dominions;

2. Be it therefore enacted, by the Queen's most excellent majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, that in this Act, unless there be something in the subject or context repugnant to such construction, every word importing the singular number only shall extend to several persons or things as well as to one person or thing; and the words "Art of Medicine" shall be construed to include within their meaning the recommending, prescribing or ordering either directly or indirectly any medicine, remedy or application whatsoever, for the relief or cure of any disorder, ailment or illness of the body or mind, or any part thereof, or performing any surgical operation, minor or capital, or practising midwifery; and the words "Medical Practitioner" shall mean a person qualified under this Act to practise the Art of Medicine; and that the

words "Chemist and Druggist" shall mean a person who shall sell, deal in, mix or dispense for sale any drug or medicine for the cure or relief of any bodily disorder, ailment or illness, save and except such person as shall have obtained a certificate to practise the Art of Medicine; and the word "England" shall include Wales.

3. REGISTRAR.—And be it enacted, That it shall be lawful for one of Her Majesty's principal Secretaries of State for the time being, and he is hereby required within three months from the passing of this Act, to nominate and appoint three fit and proper persons to be Registrars, one such Registrar to be called the "Medical Registrar for England," and to have his office in London, another the "Medical Registrar for Scotland," and to have his office in Edinburgh, and the third the "Medical Registrar for Ireland," and to have his office in Dublin; and also to appoint such clerks and other officers as the said Secretary of State shall deem necessary for the assistance of the said Registrars in carrying into execution the provisions of this Act, until the election of the first Councils as hereinafter provided; and the said Secretary of State may at his discretion remove any of the persons so appointed as aforesaid, and upon any vacancy before the election of the Councils aforesaid, may appoint another proper person to be such Registrar, clerk or officer: Provided always, That before the election of the said Councils all reasonable and necessary expenses for the carrying this Act into execution shall be paid, by and under the direction of the Lords Commissioners of Her Majesty's Treasury, out of any monies to be received by the said Registrars by virtue of this Act.

4. And be it enacted, That the several Registrars shall within thirty days after their appointment proceed to the distribution of certificates to practise the Art of Medicine, according to the form annexed in Schedule (A), No. 1, to every person who shall apply for the same and who shall produce his Diploma, certificate or license to practise Medicine or Surgery, dated prior to the passing of this Act, or prior to the publication of the bye-laws hereinafter provided by the Senate in the *London Gazette*, granted by any English, Scotch or Irish University, College, Hall, or other person or Corporation legally entitled to grant the same at the time of the passing of this Act, and also to every person who shall apply for the same, and who was actually practising Medicine in England prior to the first day of August, one thousand eight hundred and fifteen, and who shall sign a declaration according to the Form in Schedule (A), No. 2; Provided always, That the said Registrars shall grant such certificate to practise the Art of Medicine or a license to carry on the trade and business of a Chemist and Druggist as hereinafter provided for that part of the United Kingdom of Great Britain and Ireland only for which they shall severally be appointed to act.

5. MEDICAL LISTS.—And be it enacted, That every person applying for a certificate to practise the Art of Medicine as aforesaid shall, previously to the Registrars issuing the said certificate, pay the sum of [] and every certificate to be hereafter granted according to the provisions of this Act shall be subject to the like payment of [] annually, and shall bear date on the day on which the same shall be granted, and shall continue in force until the first day of February, one thousand eight hundred and forty-three; Provided always, That it shall be lawful for the said Registrars, and they are hereby required at any time during the period of one calendar month preceding the first day of February in

every year, to grant and issue such certificates in like manner in all respects as aforesaid, and also to such other persons as shall be entitled to them as hereinafter provided, to take effect from the day of the date thereof, and to continue in force until the first day of February in the year next following that in which the same shall be granted; and be it enacted, that each of the said Registrars shall duly register in a book every certificate which he shall grant as aforesaid, and in the month of February in every year shall cause to be printed a correct list, arranged alphabetically, of the names of all persons to whom he shall have granted certificates to practise the Art of Medicine, prior to the first day of February for the year ensuing, according to the provisions of this Act, together with their places of abode, and such lists shall be respectively called "The Medical List for England," "The Medical List for Scotland," and "The Medical List for Ireland;" and the persons only whose names are contained in the last printed medical lists as having obtained a certificate to practise the art of medicine shall be entitled to vote at any election held for the purposes of this Act; and copies of such medical lists shall be furnished by the respective Registrars to every person who shall apply for the same, upon the payment of sixpence for each copy.

6. COUNCIL.—And be it enacted, That on the first day of June, one thousand eight hundred and forty-two, and upon the first day of June in every third succeeding year, all persons who shall possess certificates to practise the Art of Medicine, and whose names are contained in the last printed medical lists as aforesaid, shall elect, in manner hereinafter prescribed, the several Councils herein mentioned, that is to say, the medical practitioners resident in England, and whose names are contained in the last printed medical list for England, shall elect a Council for England; those resident in Scotland, and whose names are contained in the last printed medical list for Scotland, shall elect a Council for Scotland; and those resident in Ireland, and whose names are contained in the last printed medical list for Ireland, shall elect a Council for Ireland; and upon the day of election they shall proceed to elect twenty Councillors for each of the said councils, who shall remain in office for three whole years, or until their successors shall have been elected, and shall then go out of office: Provided always, That any member of Council so going out of office shall be capable of being re-elected to the office of Councillor.

7. And be it enacted, That at any time not less than forty clear days next previous to the day of the first election for members of Council as aforesaid to be held under this Act, and of every subsequent election, any Medical Practitioner entitled to vote at such election may give or transmit to the Registrar a paper according to the form annexed in schedule (A), No. 3, signed by not less than six medical practitioners duly qualified to vote at such election, containing the name of any person he may think fit to be elected as Councillor at the then ensuing election; and the Registrar shall cause all such names so given or transmitted to be printed, together (unless they be members of Council then going out of office) with the names of the persons recommending the same, in the voting papers to be used at the said election, and such persons so nominated shall be the only persons eligible to be elected Members of Council on the day of election.

8. And be it enacted, That elections under this Act shall be held at the usual place of meeting of the Councils respectively, or at such other convenient place as the respective Coun-

cils shall appoint; Provided always, That any election for Councillors in England shall be held within four miles of the General Post Office in London, in Scotland within two miles of the General Post Office in Edinburgh, and in Ireland within two miles of the General Post Office in Dublin, and the respective Registrars shall give public notice of the time and place for the holding of such election by advertisement in two or more newspapers published in London, Edinburgh, or Dublin, as the case may be, ten days at least before the election: Provided always, That the first election of Councillors under this Act shall be held at such convenient place, with reference to the provisions of this Act, as the aforesaid Registrars of England, Scotland, and Ireland, respectively shall appoint.

9. And be it enacted, That every election for Councillors shall be held before the Registrar, and the voting at every such election shall commence at nine o'clock of the forenoon, and shall finally close at four o'clock of the afternoon of the same day, and every Medical Practitioner entitled to vote may vote for any number of persons not exceeding the number of Councillors to be chosen, by delivering to the Registrar or his deputy a voting paper according to the form annexed in Schedule (A), No. 4, folded or sealed up, so that the contents cannot be seen, containing the names of the persons for whom he votes; or if the voter shall think fit to transmit the said voting paper by post, the postage being first paid, then the said voting paper shall be folded or sealed up and enclosed in a declaration, according to the form annexed in Schedule (A), No. 5, signed by the voter so transmitting the same; and the respective Registrars are hereby required to transmit by post to every Medical Practitioner entitled to vote at such election, fourteen days at least before the day of election, one voting paper as aforesaid, and one declaration as aforesaid; and every voting paper shall, when delivered to the Registrar on the day of election, be duly executed according to the directions therein given, and no such voting paper as aforesaid shall be opened except according to the provisions hereinafter made; Provided always, That no voting paper other than the one procured from the Registrar, so executed as aforesaid, and delivered to the Registrar or his deputy by the person voting or transmitting by the post to the said Registrar or his deputy enclosed in a declaration as aforesaid, duly signed, and received by the said Registrar, or his deputy, on the day of election, before four o'clock of the afternoon, shall be counted a good and valid vote.

10. And be it enacted, That the Registrar shall, after the close of the said election, proceed to examine the voting papers so delivered or transmitted as aforesaid, for the purpose of ascertaining which persons are elected, and the twenty persons who shall have the greatest number of votes shall be the Councillors elected; and in case of an equality in the number of votes for any two or more persons at any such election for members of Council, the respective Registrar shall publicly ballot out of the said number of persons having such equal number of votes as aforesaid so many as shall be necessary to complete the whole number of Councillors to be elected, that is to say, the Registrar shall write on distinct pieces of paper, being all as near as may be of equal size, and folded up in the same manner, the names of the persons having an equality of votes as aforesaid, and place such papers so written and folded in a glass, and shall then publicly draw out of the said glass the said pieces of paper, and declare the names so drawn out, and shall continue so to do until as many names be

drawn as may be necessary to complete the whole number of Councillors to be elected; and such persons whose names shall have been so drawn, together with such persons as shall have had the greatest number of votes at the said election, shall be declared by the Registrar to be duly elected Members of Council, and the names of the persons elected as Members of Council at any election under this Act shall be published in two or more newspapers having the largest circulation published in London, Edinburgh, or Dublin, as the case may be, not later than seven days after such election: Provided always, That each of the said Councils shall, before the day of any election held after the year eighteen hundred and forty-two, appoint two or more Councillors, who shall be present during the election and during the examination of the voting papers and the ballot as aforesaid by the Registrar, and who shall at the close of the said election certify that it has been fairly conducted according to the provisions of this Act, and sign the return made and to be published by the Registrar: Provided also, That at the elections for Council in the year eighteen hundred and forty-two, one of Her Majesty's principal Secretaries of State shall nominate and appoint two persons to superintend as aforesaid the election for Members of Council.

11. And be it enacted, That it shall be lawful for the University of Oxford in Convocation assembled, and for the Senate of the Universities of Cambridge and of London, and for the Fellows of the College of Physicians in London, and for the Council of the College of Surgeons in London, and for the Court of Assistants of the Apothecaries' Society in London, if they shall think fit severally to elect and appoint one fit person to be a Member of the Council for England; and it shall be lawful for the Faculty of Medicine in the Universities of Edinburgh, and of Glasgow, and of St. Andrews, and of Aberdeen, and for the Council of the College of Physicians, and of the College of Surgeons in Edinburgh, and of the Faculty of Physicians and Surgeons Glasgow, if they shall think fit severally to elect and appoint one fit person to be a Member of the Council for Scotland; and it shall be lawful for the Provost and Fellows of Trinity College, Dublin, and for the Council of King and Queen's College of Physicians in Ireland, and of the College of Surgeons in Ireland, and for the Court of Apothecaries' Hall, Dublin, if they shall think fit severally to elect and appoint one fit person to be a Member of the Council for Ireland.

12. And be it enacted, That after the election of the Councils hereinafter mentioned, upon any vacancy in the office of Registrar, it shall be competent, and the several Councils are hereby required, within three calendar months from the occurrence of such vacancy, to elect and appoint another fit and proper person to be Registrar, that is to say, the Council for England the Registrar for England, the Council for Scotland the Registrar for Scotland, and the Council for Ireland the Registrar for Ireland: Provided always, That should either of the offices of Registrar remain vacant for the space of three calendar months, it shall be lawful for one of Her Majesty's principal Secretaries of State for the time being, and he is hereby required forthwith to nominate and appoint a fit and proper person to such vacant office.

13. And be it enacted, That the Council of each Kingdom respectively shall have power at all times to remove any Registrar for neglect, or misconduct, or for any infirmity of body or mind; and in the event of the office of Registrar being at any time vacant, whether

by removal as aforesaid, or by death or infirmity of body or mind, such vacancy shall be publicly advertised in one or more newspapers of the largest circulation within the Kingdom for which such Registrar was empowered to act at least six weeks previous to the day on which a successor shall be elected, the day of such election being fixed in the said advertisement, together with a notice to all parties intending to become candidates for the office, who shall be required to give notice of such intention to the Council fourteen days at least previous to the said day of election: Provided always, That if any Registrar shall at any time when it shall be necessary for him to exercise the powers and duties enjoined by this Act be dead, absent, or otherwise incapable of acting from any temporary accident or infirmity, the President of the Council for the time being, the Registrar of which shall be so incapacitated as aforesaid, shall nominate and appoint a good and sufficient deputy to execute all such powers and duties of Registrar as aforesaid, and such deputy may and shall continue from time to time to execute all such powers and duties during such incapacity as aforesaid.

14. And be it enacted, That on the fourteenth day of June in every year, each of the said Councils shall severally elect and appoint by ballot, out of the members of their respective Councils, a fit person to be President of their Council, who shall continue in office one whole year, or until his successor be appointed; and in case the office of President of any of the Councils shall become vacant during the year by reason of any person who shall have been elected to such office dying or ceasing to hold the said office, such Council shall, within ten days next after such vacancy, elect by ballot another fit person to be President thereof for the remainder of the then current year, or until his successor shall have been appointed; and shall also elect and appoint a fit person, not being a Member of the Council or the Registrar, to fill the office of Treasurer; and also three fit and proper persons, neither of whom shall be a Member of the Council, Treasurer or Registrar, to be Auditors of the Accounts of the said Council; and also from time to time appoint such other person to be clerk, and also such other officers as they shall think necessary for the execution of this Act; and each of the said Councils may from time to time remove any such Treasurer, auditor, clerk, officer or servant so appointed as aforesaid, and in case of a vacancy in any office as aforesaid by death, resignation, removal or otherwise, the said Councils may appoint another fit person to fill the office so vacant; and shall order to be paid to the Registrar, Treasurer, and others employed as aforesaid, such salary or remuneration as the said Council shall think proper and reasonable; and also such remuneration to the individual Members of Council for their attendance in the execution of the duties imposed by this Act as they shall deem reasonable.

15. And be it enacted, That all acts authorized or required to be done by the aforesaid Council, may be done and decided upon by the majority of the Members of such Council who shall be present at any meeting held pursuant to this Act, the whole number present at any such meeting not being less than a majority of the then existing Members of Council; and at all such meetings the President, if he be present, shall be the Chairman thereof, and the President, or in his absence such Member of the Council as the Members then present shall choose to be the Chairman, shall have a second or casting vote in all cases of equality of votes: Provided always, That prior to the meeting of any Council held by virtue of this Act, a notice of the time and place of such intended

meeting shall be given three clear days at least before such meeting, by summons to attend the Council, signed by the Registrar, and left at or sent by post to the usual place of abode of every Member of Council, or to the place of abode stated in the medical lists.

16. And be it enacted, That if the President, or any three Members of Council, shall at any time think it necessary that a special meeting of the said Council should be holden, then and in such case the Registrar shall, upon delivery of a paper to him to that effect, signed by the President or any three Members of Council, summon a special meeting at which a majority of the existing Members of Council shall be present, and all proceedings of any Council done at any such special meeting shall be as good and valid as if the same had been done at any ordinary meeting: Provided always, That in every summons for either an ordinary or special meeting the business proposed to be done and transacted at such meeting shall be specified.

17. And be it enacted, That after the election of a Treasurer by each of the said Councils, the rents and profits of all hereditaments, and the interests, dividends, and annual proceeds of all monies, chattels and valuable securities, and all monies, fees, and dues belonging to or payable to such Council, Registrar or Treasurer, shall be paid to the Treasurer of such Council, and all the monies which he shall so receive shall be carried by him to the account of a fund, to be called "The Medical Fund," and such fund shall be applied towards the payment of all expenses incurred in carrying into effect the Provisions of this Act; and in case "The Medical Fund" shall be more than sufficient for the purposes aforesaid, the surplus thereof may be applied from time to time towards the encouragement and advancement of Medicine, and of science and literature connected therewith, in such manner as the Senate hereinafter mentioned and Council conjointly shall think most desirable.

18. And be it enacted, That it shall not be lawful for the Treasurer of Council to pay any money out of the said fund, save only upon the order in writing of the Council, signed by three or more Members of the Council, and countersigned by their Registrar, exempt as hereinafter provided; and upon the receipt of such order such Treasurer is hereby authorised and required to pay from time to time such sums of money expressed in such order out of the several monies received and collected by virtue of this Act, and paid to or received by such Treasurer, which sums so paid shall be allowed to the said Treasurer in his accounts.

19. And be it enacted, That the Treasurer and Registrar of every Council shall enter, in books to be kept for that purpose, a true account of all sums of money by them received and paid, and such accounts shall in the months of June and December in every year be submitted by them to the Auditors of Accounts as aforesaid; and if the said accounts shall be found to be correct, the said Auditors shall sign the same, and after the accounts shall have been so examined and audited, the Registrar shall cause the last half-yearly unpublished accounts to be printed, along with the respective medical list published next ensuing after the audits aforesaid.

20. And be it enacted, That the said Councils may sue and be sued in the name of their Registrar for the time being, and that all actions and suits that may be necessary or expedient to be brought for the recovery of any penalty or sum of money due or payable by virtue of this Act, or of or in respect of any other matter or thing relating to this Act, may be brought in the name of the respective Regis-

trars, and that no action or suit that may be brought, commenced or prosecuted by or against the said Councils, or any of them, by virtue of this Act, in the name of their Registrar, shall abate or be discontinued by the death or resignation of such Registrar, or by any act or default of such Registrar done or suffered without the consent or direction of any of the said Councils, but the Registrar of the respective Councils for the time being shall be deemed Plaintiff or Defendant in every such suit or action, as the case may be: Provided also, That in all cases in which the Registrar for the time being shall in pursuance of this Act be the Plaintiff or Defendant on the record in any action or suit in which in effect the Members of Council shall be suing or sued in the name of such Registrar (the Registrar although appearing as Plaintiff or Defendant on the record) may and shall, if not otherwise interested or objectionable, be a good examinable and competent witness in every such action or suit, either for or against such Council, and all affidavits of debt or service which may be necessary or expedient to be made preparatory to or in prosecution or defence of any and every such action or suit or proceeding shall and may be lawfully made by such Registrar, notwithstanding he shall be nominal Plaintiff or Defendant on the record as aforesaid: Provided also, That every Registrar in whose name such action or suit shall be commenced, prosecuted or defended in pursuance of this Act shall always be reimbursed and paid out of the monies to arise by virtue of this Act, all such costs, charges and expenses as he shall be put to or become chargeable with by reason of his being so made Plaintiff or Defendant therein, and shall not be personally liable for the payment of the same or any part thereof.

21. SENATE.—And be it enacted, That each of the said Councils shall within thirty days next after their election in the year one thousand eight hundred and forty-two, and in the month of December in every fifth succeeding year, elect by ballot from amongst themselves or others three fit and proper persons, who shall collectively form one body, and be called "The Medical Senate of Great Britain and Ireland," and such persons so elected shall continue in such office five whole years, or until such time as their successors shall be elected, and shall then go out of office; and in case any vacancy shall occur by reason of any person who shall have so been elected one of the members of the Senate dying or resigning, the Council who elected such person as aforesaid shall, within forty days next after such vacancy shall occur or be declared, elect another fit person to be a Member of the Senate for the remainder of the then current period of five years, or until his successor shall have been appointed, and he shall then go out of office: and be it further enacted, That the Registrars of the respective Councils shall give notice of the names and places of abode of the persons elected to be Members of Senate to the Registrar of the Senate within fourteen days next after the election of such persons: Provided always, That the Members of Senate going out of office shall be capable of being re-elected.

22. And be it enacted, That the Registrar for England for the time being shall be the Registrar to the said Senate.

23. And be it enacted, That the Senate shall on the tenth day of July in every year meet together in London, at the usual place of meeting of the Council for England, and all reasonable expenses of the Members of the Senate attending any meeting pursuant to this Act shall be defrayed out of the "Medical Fund" of their respective Councils: and be it further

enacted, That if any two of the Councils, or one of Her Majesty's principal Secretaries of State for the time being, shall deem it necessary that a special meeting of the Senate should be holden or that the place of meeting should be altered, then and in such case the Registrar of the Senate, upon the delivery to him of an order for that purpose in writing, signed by the two Presidents of such Councils, or one of Her Majesty's principal Secretaries of State for the time being, shall summon a meeting of the Senate accordingly by sending a notice of the time and place of such intended meeting to each of the Members of the Senate by post fourteen days at least previous to such meeting, and all acts and proceedings done at any such special meeting shall be as good and valid as if the same had been done at any ordinary meeting: Provided always, That any such ordinary or special meeting of the Senate as aforesaid may be adjourned from time to time as often as it may seem necessary, until the chairman of any such adjourned meeting shall declare the Senate dissolved, upon a resolution passed at any such adjourned meeting to that effect, when it shall not be lawful for the Senate to meet again except as herein provided.

24. And be it enacted, That all acts authorised or required to be done by the said Senate shall be discussed and decided upon at a meeting at which an actual majority of the whole members of the said Senate shall be present and assenting thereto.

25. And be it enacted, That at the annual meeting of the Senate as aforesaid, they shall elect and appoint by ballot out of their members a fit and proper person to be President of the Senate, who shall continue in office one whole year, or until his successor shall be appointed; and in case the office of President of the Senate during such year shall become vacant, by reason of any person who shall have been elected to such office dying or ceasing to hold the said office, the Senate shall, at the first meeting next after the occurrence of such vacancy, elect by ballot out of their Members another fit and proper person to be the President thereof for the remainder of the then current year.

26. And be it enacted, That it shall be lawful for any Member of the Senate, not being a Member of the particular Council, if he shall think fit, to be present at the meeting of any of the said Councils, and to take part in any discussion that may arise at any such meeting, but not to vote; and may also, if he shall think fit, be present at any examination to be holden by any examiners appointed by virtue of this Act.

27. And be it enacted, That all expenses incurred by the Senate in the execution of the powers vested in them by this Act, save and except the expenses of the Members of the said Senate attending the same as hereinbefore provided, shall be divided into three equal portions, and the Senate shall make an order, signed by three of its Members, and countersigned by their Registrar, for the payment of the one such portion upon each of the Treasurers of the several Councils, who are hereby required to pay the sums expressed in such orders out of any monies coming to their hands by virtue of this Act, and all sums so paid shall be allowed in their accounts.

28. And be it enacted, That it shall be lawful for the said Senate to make such bye-laws for the United Kingdom, regulating in all respects the education of Candidates applying to be examined for a Diploma of qualification to practise the Art of Medicine, or to carry on the trade and business of a Chemist and Druggist, and also regulating the examinations of per-

sons prior to the granting of the said Diploma, as from time to time shall to the said Senate seem meet and proper, and such persons only who shall comply with such bye-laws as aforesaid shall be admitted to such examinations or be entitled to the benefit thereof, and all examinations for a Diploma to practise the Art of Medicine, or to carry on the trade and business of a Chemist and Druggist, shall in all respects be held, carried on and conducted in the manner prescribed by such bye-laws as aforesaid: And be it further enacted, That no such bye-law as aforesaid shall be of any force until the expiration of forty days after a copy thereof shall have been published in the *London Gazette*, and another copy thereof sent to one of Her Majesty's principal Secretaries of State for the time being; and if at any time Her Majesty, with the advice of Her Majesty's Privy Council, shall disallow such bye-laws or any part thereof, such bye-laws or the part thereof to disallowed shall be null and void: Provided always, That if such bye-laws shall not be published as aforesaid by the first Senate elected under this Act within twelve calendar months next after their election, one of Her Majesty's principal Secretaries of State shall take such steps as he may think fit to cause bye-laws as aforesaid to be drawn up and published in the *London Gazette*, and such bye-laws so published shall be as good and valid as if they had been made by the Senate as aforesaid; and all expenses incurred by Her Majesty's Secretary of State as aforesaid in causing such bye-laws to be drawn up and published shall be paid by the Senate; Provided also, That any such bye-laws as aforesaid shall not be good and valid unless they require that previous to the final examination of any person desirous of obtaining a Diploma of qualification to practise the Art of Medicine, he shall produce a Diploma, certificate, or letters testimonial of having taken a degree in Medicine, or of having passed an examination in Medicine or Surgery before some University, College, Hall, or other persons legally entitled to grant a Diploma, certificate, or letters testimonial at the time of the passing of Act.

29. And be it enacted, That the Senate shall cause their Registrar to publish, under their direction and authority, a book containing a list of medicines and compounds, and the manner of preparing them, together with the true weights and measures by which they are to be prepared and mixed, and containing such other matters and things relating thereto as to the said Senate shall seem requisite, to be called "The British Pharmacopœia;" and the Senate shall be empowered to alter, amend, and cause to be republished such Pharmacopœia as often as they shall deem it necessary; and every Chemist and Druggist shall mix, make and compound all and every the medicines and compounds therein named according to the receipts and directions therein contained, and according to no other formula, and to use the weights and measures therein prescribed, and to obey in all respects the orders and matters there set down and directed.

30. DISQUALIFICATION.—And be it enacted, That notwithstanding any law, charter, or custom, no male person whatsoever shall, on or after the first day of February, one thousand eight hundred and forty-two, be entitled or permitted to practise the Art of Medicine for remuneration or gain, either directly or indirectly, in any part of the United Kingdom of Great Britain and Ireland, unless such person shall have obtained a certificate to practise the said art according to the provisions of this Act; nor shall any person whatsoever on or after the first day of December, one thousand eight hun-

dred and forty-two, be entitled or permitted to carry on the trade and business of a Chemist and Druggist in any part of the United Kingdom of Great Britain and Ireland unless such person shall have obtained a license to carry on the said trade and business according to the provisions of this Act.

31. And be it enacted, That from and after the publication of the bye-laws for the regulation of the examinations of persons applying for a Diploma of qualification to practise the Art of Medicine as herein provided in the *London Gazette*, no corporation sole, or corporation aggregate, nor any University, nor any person whatsoever, except under the provisions contained in this Act, shall have the power of granting any Diploma, certificate or license to practise the Art of Medicine, or to carry on the trade and business of a Chemist and Druggist in any part of the United Kingdom of Great Britain and Ireland.

32. QUALIFICATION.—And be it enacted, That each of the Councils hereinbefore mentioned shall choose and appoint annually, from amongst themselves or others, fit and proper persons to be examiners for granting Diplomas of qualification to practise the Art of Medicine, or to carry on the trade and business of a Chemist and Druggist, and such examiners are hereby required to examine at such times and in such manner as shall be directed by the Senate, all persons applying to be examined, who shall prove to be duly qualified according to the bye-laws that may from time to time be made by the Senate, and the said examiners shall from time to time report to their respective Councils the result of the said examinations, and the said Councils shall direct their Registrar to grant a Diploma of qualification to practise the Art of Medicine according to the form annexed in Schedule (A), No. 6, or to carry on the trade and business of Chemist and Druggist according to the form annexed in Schedule (A), No. 7, to every such person who has been so examined, and who to the Council shall seem fit and qualified to practise the Art of Medicine, or to carry on the trade and business of Chemist and Druggist, upon the payment of any sum not exceeding [] for every such Diploma; and every person who shall have obtained from one of the Councils aforesaid such Diploma of qualification to practise the Art of Medicine shall be entitled to obtain from either of the said Registrars in any part of the United Kingdom whenever he shall apply for the same, a certificate to practise the said art, and to renew the said certificate annually in the same manner in all respects as the persons legally qualified to practise the Art of Medicine at the time of the passing of this Act, and every person who shall have obtained a Diploma of qualification to carry on the trade and business of a Chemist and Druggist shall be entitled to obtain a license to carry on the said trade and business, and to renew the said license annually; and no person, except as herein provided, shall be entitled to receive a certificate to practise the Art of Medicine, or a license to carry on the trade and business of a Chemist and Druggist unless he pass such examinations as aforesaid.

33. And be it enacted, That from and after the publication of the bye-laws regulating the examinations in the *London Gazette* as herein provided, every person desirous of being appointed Medical Officer in Her Majesty's Army or Navy shall be eligible for such appointment upon obtaining a Diploma of qualification or certificate to practise the Art of Medicine, any law or custom to the contrary notwithstanding: Provided always, That as long as and during the time such person shall be actually employed on Her Majesty's service he shall not

be liable to take out an annual certificate to practise the Art of Medicine as hereinbefore mentioned.

34. And be it enacted, That notwithstanding the provisions contained in this Act, any person who at the time of the passing of this Act shall be practising the Art of Medicine as a Dentist or Cupper, shall practise the said profession of Dentist or Cupper in as ample a manner in all respects as if this Act had not passed: Provided always, That any person so practising as a Dentist or Cupper shall, before the thirty-first day of December, eighteen hundred and forty-two, send a declaration according to the form in Schedule (A), No. 8, to that effect, signed by himself and two substantial householders, to the Registrar, acting for that part of the United Kingdom in which such person so practising resides, and shall obtain a certificate from the said Registrar, who is hereby required to grant a certificate according to the form annexed in Schedule (A), No. 9, to every person as aforesaid, transmitting previous to the thirty-first day of December, eighteen hundred and forty-two, a declaration as aforesaid duly signed.

35. CHEMISTS AND DRUGGISTS.—And be it enacted, That each of the said Registrars shall grant a license to carry on the trade and business of Chemist and Druggist, according to the form annexed in schedule (A), No. 10, to every person applying for the same, who has received a diploma of qualification to carry on the trade and business of a Chemist and Druggist from either of the Councils aforesaid, upon the payment of the sum of [] for every such license, and every such license shall bear date on the day on which the same shall be granted, and shall continue in force until the thirtieth day of November next after it shall have been granted; and it shall be lawful for the said Registrars, and they are hereby required at any time during the period of one calendar month preceding the thirtieth day of November in every year, to grant and issue such licenses in like manner, and subject to the same payment of [], to take effect from the day of the date thereof, and to continue in force until the thirtieth day of November in the year next following that in which the same shall be granted; and each of the said Registrars shall, in a book to be kept for that purpose, severally register every license which they shall grant as aforesaid, and in their respective medical lists published next after they have granted such licenses shall cause a list of the names and places of abode of the persons to whom they have granted the same for the ensuing year to be printed therein: And be it further enacted, That the said Registrars shall grant a license according to the form annexed in Schedule (A), No. 11, to every person who shall apply within twelve calendar months next after the passing of this Act, and who shall sign a declaration according to the form in schedule (A), No. 12, that he has carried on the trade and business of a Chemist and Druggist, or been an assistant or apprentice to a person carrying on the trade and business of a Chemist and Druggist, previous to the passing of this Act; and it shall not be necessary for any such person to renew such license annually unless he shall think fit so to do, and if he shall so think fit, the several Registrars are required to renew such license annually upon the payment of the same sum, and in the same manner in all respects, and according to the same form of license as is herein provided for persons possessing a Diploma of qualification to carry on the trade and business of a Chemist and Druggist; and the several Registrars shall publish the names and places of abode of all persons as aforesaid who shall renew their licenses annually in their respective

medical lists, together with the names of the persons as aforesaid obtaining a license and possessing a Diploma of qualification to carry on the trade and business of Chemist and Druggist; Provided always, That if any person as aforesaid shall once renew his license as aforesaid, it shall not be lawful for him to carry on the trade and business of Chemist and Druggist unless he continue to renew it annually during the time he carries on the said trade and business.

36. ASSISTANTS AND APPRENTICES.—And be it enacted, That every Medical Practitioner and every Chemist and Druggist having any assistant or apprentice in his employ shall, before the thirty-first day of December in every year, transmit to the Registrar acting for that part of the United Kingdom of Great Britain and Ireland in which such Medical Practitioner or Chemist and Druggist resides, the name of such assistant or apprentice according to the form annexed in Schedule (A), No. 13, together with a declaration in writing, signed by himself, according to the said form, and each of the Registrars are hereby required to register in a book the names of the persons so transmitted to him as being apprentices or assistants, and insert them in the respective medical list published next after the receipt of such declarations; and be it enacted, That no Medical Practitioners shall after the thirty-first day of December, eighteen hundred and forty-two, employ any person as an assistant who does not possess a Diploma of qualification or a certificate to practise the Art of Medicine, and no Chemist and Druggist shall employ any person to assist him in the actual vending of drugs and medicines who does not possess a Diploma of qualification to carry on the trade and business of a Chemist and Druggist, or a license according to the form annexed in Schedule (A), No. 11, unless such persons so being assistants to any Medical Practitioner or Chemist and Druggist shall be apprentices for any period not exceeding seven years, and duly registered: Provided always, That any person being an assistant to any Medical Practitioner or to any Chemist and Druggist shall not be required to take out his annual certificate or license during the time he shall be so actually employed.

37. MEDICAL PRACTITIONERS. — And whereas certain powers, benefits, privileges, appointments, acts and things, have by custom, law, or right been conferred on, or held or executed, or performed or appointed to be done by Physicians, or Surgeons or Apothecaries, be it therefore enacted, That from and after the first day of February, eighteen hundred and forty-two, all and every the powers, privileges, appointments, acts and authorities heretofore conferred on, or held or executed, or performed or appointed to be done by any Physician, or Surgeon, or Apothecary by any law, charter, or custom shall be conferred on, held, executed, performed, done and enjoyed by persons possessing certificates to practise the Art of Medicine according to the provisions of this Act, and such persons only.

38. And whereas disputes and differences have arisen as to the right of Medical Practitioners to recover at law charges for professional visits and consultations, be it therefore enacted, That it shall be lawful for any person duly qualified to practise the Art of Medicine to recover in any Court of Law by action of promises or debt any reasonable sum of money for professional visits and consultations, together with full costs of suit.

39. And be it enacted, That from and after the passing of this Act every Medical Practitioner and every Chemist and Druggist shall

be exempt from serving on all Juries and Inquests, and all Parochial Offices whatsoever, and in the Militia, and as a Constable, and their names shall not be returned in any list of persons liable to serve such offices as aforesaid.

40. PENALTIES.—And be it enacted, That if any Registrar or his deputy, as hereinbefore provided, appointed to conduct the election of Councillors under this Act, shall refuse or neglect to conduct or declare such election as aforesaid, or shall neglect or refuse to make out and cause to be printed the medical lists according to the provisions of this Act, or shall wilfully refuse or neglect to perform any other duty enjoined by this Act, every such Registrar or person appointed in his stead as aforesaid, shall for every such offence forfeit and pay any sum not exceeding one hundred pounds, and the said penalty with full costs of suit shall be recovered in any of Her Majesty's superior Courts of Record, and the money so to be recovered shall, after payment of the costs and expenses attending the recovery thereof, be paid to the Treasurer appointed by virtue of this Act, for that part of the United Kingdom of Great Britain and Ireland in which the offence was committed.

41. And be it enacted, That if any person shall wilfully procure, or attempt to procure from any Registrar a Diploma of qualification to practise the Art of Medicine as hereinbefore provided, or a Diploma of qualification to carry on the trade and business of a Chemist and Druggist as hereinbefore provided, or a certificate to practise the Art of Medicine as hereinbefore provided, or a license to carry on the trade and business of a Chemist and Druggist as hereinbefore provided, by making or causing to be made any false or fraudulent representations, either verbally or in writing, or shall by any false or fraudulent means whatsoever possess, obtain, or attempt to obtain any Diploma, certificate or license as aforesaid, every such person so offending, and every person aiding

and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanor, and thereupon it shall be lawful for the Court before whom such offender shall be tried and convicted to sentence such offender to be imprisoned, with or without hard labour, for any period of time not exceeding twelve calendar months.

42. And be it enacted, That if any person required by this Act to make a declaration shall wilfully make or sign a false declaration, he shall, upon conviction thereof, be adjudged guilty of a misdemeanor, and thereupon it shall be lawful for the Court before whom such offender shall have been tried and convicted to sentence him to be imprisoned, with or without hard labour, for any period of time not exceeding six calendar months.

43. And be it enacted, That every person not being duly qualified according to the provisions of this Act, who shall practise the Art of Medicine for remuneration or gain, either directly or indirectly, or who shall carry on the trade and business of a Chemist and Druggist, shall forfeit and pay for every such offence the sum of twenty pounds.

44. And be it enacted, That every Medical Practitioner and every Chemist and Druggist who shall employ any assistant not being duly qualified according to the provisions of this Act, or who shall neglect to make a declaration of any person being an assistant or apprentice in his employ according to the provisions hereinbefore contained, and every person not being duly qualified according to the provisions hereinbefore contained, who shall act as an assistant to any Medical Practitioner or Chemist and

Druggist, shall forfeit and pay for every such offence any sum not exceeding ten pounds.

45. And be it enacted, That any two of Her Majesty's Justices of the Peace in Petty Sessions assembled, acting in and for the county in which the offence has been committed, or one of the Justices appointed by virtue of an Act passed in the second and third years of the reign of Her Majesty Queen Victoria the First, intituled "An Act for regulating the Police Courts of the Metropolis," may hear and determine any complaint charging any person with practising the Art of Medicine without a certificate, or carrying on the trade and business of a Chemist and Druggist without a license, or employing an unqualified assistant, or acting as an assistant not being duly qualified, on the oath of one or more witnesses, or by his own confession, and to award the penalty or punishment herein provided for such offence.

46. And be it enacted, That in every case of the adjudication of a pecuniary penalty under this Act, and nonpayment thereof, it shall be lawful for the Magistrate to commit the offender to any gaol or house of correction within his jurisdiction, for a term not exceeding one calendar month where the sum shall not exceed five pounds, and for a term not exceeding three calendar months where the sum shall exceed five pounds, the imprisonment to cease on payment of the sum due, and the costs for the recovery thereof; and the one moiety of every such pecuniary penalty as shall be recovered shall be paid to the informer, and the remainder to the Treasurer of the Medical Council for that part of the United Kingdom in which the offence was committed.

47. And be it enacted, That in every case of conviction before any magistrate, any person who shall think himself aggrieved by the conviction may appeal to the justices of peace at the next General or Quarter Sessions of the Peace, to be holden for the county wherein the cause of complaint shall have arisen, provided that such person at the time of the conviction or within forty-eight hours thereafter shall enter into a recognizance with two sufficient sureties, conditioned personally to appear at the said Sessions, to try the appeal and to abide the further judgment of the justices at such Sessions assembled, and to pay such costs as shall be by the last-mentioned justices awarded; and it shall be lawful for the magistrate by whom such conviction shall have been made to bind over the witnesses who shall have been examined in sufficient recognizances to attend and be examined at the hearing of such appeal, and that every such witness producing a certificate of his being so bound under the hand of the magistrate shall be allowed compensation for his time, trouble, and expenses in attending the appeal, which compensation shall be paid in the first instance by the Treasurer of the county, in like manner as in cases of misdemeanor under the provisions of an Act passed in the seventh year of the reign of King George the Fourth, intituled "An Act for improving the Administration of Criminal Justice in England;" and in case the appeal shall be dismissed, and the conviction affirmed, the reasonable expenses of all such witnesses attending as aforesaid, to be ascertained by the Court, shall be paid to the Treasurer of the county by the appellant.

48. And be it enacted, That whenever any day by this Act appointed for any purpose shall in any year happen on a Sunday, in every such case the business so appointed to be done shall take place on the Monday following.

49. And be it enacted, That this Act may be amended or repealed by any Act to be passed in this present Session of Parliament.

Schedule to which this Act refers.

Schedule (A.)

Form No. 1.

Certificate to Practise the Art of Medicine.

I [Richard Anthony Williams], by virtue of the powers vested in me by an Act of Parliament passed in the [fifth] year of the reign of Her Majesty Queen Victoria the First, authorise [Thomas Johnstone] of [19, Cavendish-square], in the County of [Middlesex], to practise the Art of Medicine, in that part of the United Kingdom of Great Britain and Ireland called (England), until the first day of February (1850).

Dated (January 15th, 1849).

Signed (Richard Anthony Williams),
Medical Registrar for (England).

Form No. 2.

Declaration of Apothecaries.

To the Medical Registrar for ().

I (), of (), in the county of (), hereby declare that I was practising as an Apothecary, at (), in the county of (), previous to the first day of August, 1815.

Dated this () day of ().

Form No. 3.

Nomination of Candidates for Office of Members of Council.

To the Medical Registrar for (England).

I hereby nominate

Name	Residence.
Thomas Adams	13, Duke-st., Manchester-square, London.
Alfred Worthington	18, Judd-street.
William Allen	Hampstead.
William Davis	6, Hyde Park Terrace.
Edward Thackery	14, Bread-st., Cheapside.

as fit and proper persons to be elected Members of Council for (England) at the ensuing election, to be held on the (first) day of June next.

Dated this (sixth) day of (April), (1845).

Signed (Richard White),

Address (13, Grand Parade, Brighton.)

Persons recommending the above—

1. Edward Stanley,
2. Gabriel Monson,
3. Henry Richardson,
4. Henry Allcroft,
5. Samuel Ridge,
6. Robert Henry M'Neil.

Form No. 4.

Voting Paper.

To be used at the election for Members of Council, on the [first] day of June next.

Members of Council going out of Office.

Names.	Residences.
Thomas Johnson	18, Portland Place.
Alfred Hope	Hammersmith.
Thomas White	8, Bruton-street.
Thomas Edward Smith	Holloway.
Edward Simpson	9, Finsbury-square.
Alfred Whitfield	14 Trafalgar-square.
Richard Wells	2, Belgrave-street.
John Solly	Manchester.
Thomas Little	Piccadilly.
Anthony Reynold	Whitehall-place.
Joseph Barwise	Uxbridge.
John Thompson	19, Pall Mall.
Edward Finch	18, Cambridge Terrace.
	Edgware Road.
Matthew Monk	9, Friday-st., Cheapside.
Henry Wood	6, Pall Mall.
Richard Tison	8, Lincoln's-Inn-Fields.
James Barnet	205, Regent-street.
James Cox	9, Wellclose-square.
Samuel Wilson	Clapham Common.
Edward Field	Southampton.

Candidates.

Names.	Residence.
James Smith	Cavendish square.
William Alcock	Hammersmith.
James Davenport	Alpha Rd., St. John's Wood.

Persons recommending—

- | | |
|----------------|----------------|
| Edward Holmes, | Richard Wells, |
| Dr. Jones, | John Letham, |
| Dr. Hollins, | Henry Winslow. |
| James Stevens, | |

Thomas Adams	13, Duke-st., Manchester-sq
Alfred Worthington	18, Judd-street.
William Allen	Hampstead.
William Davis	6, Hyde Park Terrace.
Edward Thackery	14, Bread-street, Cheapside.

Persons recommending—

- | | |
|-------------------|----------------------|
| Richard White, | Henry Allcroft, |
| Edward Stanley, | Samuel Ridge, |
| Gabriel Morson, | Robert Henry M'Neil. |
| Henry Richardson, | |

(Richard Williams)

Medical Registrar for (England).

DIRECTIONS.—All the names on the above list, with the exception of those intended to be voted for, must be struck through with a pen. If more than twenty names remain when the list is returned to the Registrar, the vote will not be counted as a good vote. The above persons being the Members of Council retiring, and the candidates duly nominated according to the Act of Parliament of the [] Vict. c. [] are the only persons eligible to be elected members of the new Council. If the above list be not handed personally by the person voting to the Registrar or his deputy, it must be sealed up and enclosed in the accompanying declaration, which is to be filled up and signed by the person desirous of voting, and sent by the post, prepaid, directed to the Registrar, so that it may be delivered to him on the day of election, before four o'clock in the afternoon.

Form No. 5.

Declaration of Vote.

To the Medical Registrar for (Ireland).

Take notice that I (John Neil), of (Bandon), in the county of (Cork), being duly qualified to vote at the ensuing election for members of Council for (Ireland), to be held on the (first) day of June, require you to record the enclosed as my vote at such election.

Dated this (thirtieth) day of (May), (1845).

Signed (John Neil),

of (13, Castle-street, Bandon).

Form No. 6.

Diploma of Qualification to Practise the Art of Medicine.

This is to certify that () has been carefully and deliberately examined as to his skill and abilities in the science and practise in the Art of Medicine, and as to his fitness and qualification to practise the said art, by the Examiners appointed in pursuance of an Act of Parliament passed in the () year of the reign of Her Majesty Queen Victoria, intituled "An Act to Amend the Laws relating to the Medical Profession in Great Britain and Ireland," and the Council for () have, by virtue of the powers vested in them by the said Act, directed this Diploma to be granted to the said (), certifying that he is duly qualified to practise the Art of Medicine.

Dated this () day of ()

Signed (),
Medical Registrar for ().

Form No. 7.

Diploma of Qualification to Carry on the Trade and Business of Chemist and Druggist.

This is to certify that () has been carefully and deliberately examined as to his Chemical and Pharmaceutical knowledge, and as to his fitness and qualification to carry on the trade and business of a Chemist and Druggist, by the Examiners appointed in pursuance of an Act of Parliament passed in the () year of the reign of Her Majesty Queen Victoria, intituled "An Act to Amend the Laws relating to the Medical Profession in Great Britain and Ireland," and the Council for (), by virtue of the powers vested in them by the said Act, have directed this Diploma to be granted to (), certifying that he is duly qualified to carry on the trade and business of a Chemist and Druggist.

Dated this () day of ()

Signed ()

Medical Registrar for ().

Form No. 8.

Declaration of Dentists and Cuppers.

To the Medical Registrar for [].

I [], of [], in the county of [], hereby declare that I was practising as a [], at [], in the county of [], previous to the [] day of [].

Dated this [] day of [].

Signed [].

Form No. 9.

Certificate to practise as a [].

Whereas [], of [], in the County of [], having claimed to be exempted from the operation of an Act passed in the [] year of the reign of Her Majesty Queen Victoria, intituled "An Act to amend the Laws relating to the Medical Profession in Great Britain and Ireland," and having made a declaration that he was practising as a [] prior to the passing of the said Act, I [], by virtue of the powers vested in me by the said Act, have granted this certificate to the said [], in order that he may, notwithstanding the said Act, practise as a [] in any part of the United Kingdom of Great Britain and Ireland.

Dated this [] day of [].

Signed [],

Medical Registrar for [].

Form No. 10.

License to Carry on the Trade and Business of Chemist and Druggist.

I [], by virtue of the powers vested in me by an Act of Parliament passed in the [] year of the reign of Her Majesty Queen Victoria, authorise [], of [], in the County of [], to carry on the trade and business of a Chemist and Druggist, in that part of the United Kingdom of Great Britain and Ireland called [], until the thirty-first day of November [].

Dated [].

Signed [],

Medical Registrar for [].

Form No. 11.

License to Carry on the Trade and Business of a Chemist and Druggist.

I [], by virtue of the power vested in me by an Act of Parliament, passed in the [] year of the reign of Her Majesty Queen Victoria, hereby authorise [], of [], in the County of [], to carry on the trade and business of a Chemist and Druggist, he having signed a declaration that he was engaged in the said business previous to the passing of the said Act.

Dated this [] day of [].

Signed [],

Medical Registrar for [].

Form No. 12.

Declaration of Chemists and Druggists.

To the Medical Registrar for [].

I [], of [], in the County of [], hereby declare that I was [], previous to the [] day of [], at [], in the County of [].

Dated this () day of ().

Signed ().

Form No. 13.

Declaration of Assistants and Apprentices.

To the Medical Registrar for (),

I (), of (), in the County of (), declare that I have in my employ

Christian and Surname.	Age.	Whether Assistant or Apprentice.	If Apprentice, date of Indentures. If Assistant, date of Diploma.

and I request that you will duly register the same.

Signed (),

of ().

N.B.—The Christian and Surnames must be in full, and the person making such declaration must state whether he is a Medical Practitioner or a Chemist and Druggist. This declaration must be sent to the Registrar before the thirty-first day of November annually.

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SKETCHES OF CHARACTERS FROM THE ROYAL INFIRMARY, EDINBURGH.

NO. I.—DR. SANGRADO.

By the name alone all who frequent this Hospital will recognise the individual to whom it is applied. He does not possess any particular claim to the precedence in these Sketches, they were written at random, and chance only has decreed that he shall stand first on the list. —Let us enter ward No. —, the one which he first visits. The Doctor has not yet made his appearance. Observe those juvenile Medici, habited in pea-coat or waterproof, clustering round the fire with their backs thitherward. They are nearly all fourth year's students, and their conversation is most learned, principally about the questions asked at the "Hall," how they are "off" for their materia medica, the number of hours they study during the day, and the like. Each fancies himself an embryo Cheselden at least. But here comes the Doctor; he has entered by the back stairs, and comes along the ward at the rate of something more than five miles an hour, each stride being at least a yard and a half in length. He has deposited his hat in the clerk's room, and reached the bedside of the first patient.—"Come hither, nurse; how has this man slept?"—"Not very well, sir, he talked a good deal during the night."—"Take a report of his case, Dr. —; pulse 90; tongue covered with a white viscid fur, &c. &c. Detrahentur sanguinis uneise decem de regione interscapulare, eueurbitulis cruentis applicandis. Capiat hora somni pilulas Colocynthis compositas duas, eras mane haustus cathartici uncias quatuor." For the next patient it will probably be, Fiat v. s. ad., 3xx; App. Emp. Lyttæ regionis. Capiat h. s. Pulv. Jalap 30. 5j, Calomel gr. vj. M. Cras mane Ol. Ricini 3j, formâ haustus. We need not go any farther with him, for such, varied by the application of leeches, and the administration of tartar emetic and morphia, will be the remedies prescribed for all who are unfortunate enough to require his aid.—From the above outline of his treatment, it will be seen whether or not he is worthy of the soubriquet which we have applied to him; but it must not be supposed that we wish to insinuate that the Doctor is not possessed of good abilities. By no means; as a pathologist he is well known, and in this city has probably very few equals. He is also, in general, remarkably correct in his diagnosis. —The personal appearance of the Doctor is certainly not in his favour, and yet it is pretty loudly whispered that his conquests among the fair sex have not been few in number. In height he must be about 5ft. 11in.; his body is, as he would express himself, "rather peculiarly" made, and its shape is not to be easily described; his legs are as much deficient in thickness as their length is superfluous; his feet project a considerable distance, and are

generally thrust into shoes made after a very primitive fashion, being scarcely less than six inches broad at the toes; his face is long, thin, and of a blackish grey colour. We should think that he does not spend much time over his toilet, his clothes generally appearing as though they were thrown upon him, and left to arrange themselves.—He is rather a favourite with the students, and his clinical lectures are well attended, and attentively listened to; but we have heard one complaint occasionally made regarding them, viz., that he comes in to lecture late, and prolongs it beyond the hour. He probably dines before lecture, which few of his hearers do. Although not perhaps a first-rate lecturer, yet long practice has given him a pretty good delivery; he elucidates his argument clearly, and though he does not use notes, is never at a loss, and does not digress from his subject.—The above sketch is not, perhaps, a very favourable one, yet, take him all in all, we should find it difficult to supply his place with a better man.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 9th January, 1841:—

Epidemic, endemic, and contagious diseases	227
Diseases of the brain, nerves, and senses	168
Diseases of the lungs, and other organs of respiration	393
Diseases of the heart and blood-vessels	36
Diseases of the stomach, liver, and other organs of digestion	72
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	1
Diseases of uncertain seat	127
Old age, or natural decay	110
Violent deaths	29
Causes not specified	5

Deaths from all causes..... 1191

THE HYMEN AND ITS ANALOGIES.—

M. Virey, from the examination of certain false hermaphrodites, and of embryos, in an early stage of development, has come to the conclusion that the prepuce is analogous to the nymphæ, and that the frænum of the prepuce represents the hymen. In such cases, the penis is reduced to the size of the clitoris; the meatus urinarius opens as in hypospadias, and the scrotum is turned inwards to form the vagina. At the entrance of this canal the raphe becomes a membrane, which divides in the centre, to form the hymen in the female; while in the male, the suture of the raphe remains entire, to form the frænum of the glans. Defloration in either sex, says M. Virey, consists in the more or less painful rupture of the hymen or frænum; and the existence of these parts in the entire state, is the sign of virginity respectively in the female and male. In certain *rodentia*, the parietes of the vulva unite after each coitus; so that in fact the female is violated each time she is fecundated.—*Edin. Monthly Jour. Med. Sci.*

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MALE ORGANS OF GENERATION.—OPERATION FOR PHIMOSIS.—CANCER OF THE PENIS; AMPUTATION.

SURGICAL DISEASES OF THE FEMALE ORGANS OF GENERATION.—PROLAPSUS UTERI.—POLYPUS UTERI; TREATMENT.—CANCER.—EXTIRPATION OF THE UTERUS; OF THE OVARY.—OBSCURE DISEASE OF THE EXTERNAL ORGANS OF GENERATION IN FEMALE CHILDREN; TREATMENT.

Wounds of the Larynx and Trachea.—Serious wounds of the throat are often produced in attempts to commit suicide, wounds in which the mere division of the soft parts is complicated with injury of important blood-vessels, which wounds are with or without entire division of the trachea or œsophagus.—*Treatment:* The treatment of these cases is to be conducted according to the general principles I have mentioned to you. If blood-vessels be wounded, you must of course take the proper measures for arresting hæmorrhage; but the injuries of those vessels, in some cases, are of such importance, that fatal hæmorrhage ensues before you can render any assistance. So far as the mere wound of the larynx or trachea goes, no essential difference is made in the treatment of the case; the same observation may be made with reference to a wound of the œsophagus; supposing that the trachea has been completely divided, and that the œsophagus has also received injury, the object, of course, is, to approximate the edges of the wound, and to keep them in contact, that the process of the union may go on; and this is chiefly to be accomplished by keeping the head and neck in a certain position. If the head be bent forwards on the neck, and the head and neck be kept bent forwards upon the chest, a wound, even of the most extensive nature, occurring on the anterior and upper part of the throat, will be placed in the most favourable state for the process of consolidation. The parts by these means are placed in a proper position for union, the edges being kept together, in fact, by the mere position, unaided by any other surgical treatment. It may be necessary—more particularly if the patient be unruly and unwilling to submit to the restraint which his case requires (and that is particularly the case in instances of suicide)—it may be necessary to confine the parts in this position by bandages. This is accomplished by putting on a night-cap, and bringing a band round the head, and fastening it in front to another that goes round the chest, so that the head shall be kept forwards upon the chest. The exact apposition of the edges of the wound will be aided in these cases by the use of sutures carried through the integuments. It is not expedient to do what is sometimes recommended, that is, to approximate the edges of the trachea, if divided by sutures. The patient cannot bear sutures in this place; or, at all events, if sutures were employed, it would be necessary only to put them through the external cartilaginous tube, and not to let them come on the mucous lining at all. In general, however, a wound of the trachea does not add very materially to the danger of the patient, though the entire division of the trachea does. In the first place, a wound accompanied with the entire division of the trachea will be very likely to injure other parts; and, in the next place, inconvenience in the process of respiration may be experienced, in consequence of the adjustment of

the two ends of the divided tube not being perfectly accurate, it is difficult to make it so.—We sometimes cut people's throats professionally, but then we give to the operation the better sounding term of *tracheotomy*, *laryngotomy*, *bronchotomy*. We make an opening into some part of the respiratory tube, for the purpose of liberating the patient from the distress which interruption of respiration produces. Whatever the cause which produces that impediment in breathing may be, we may make an opening into that part of the trachea that is immediately behind the larynx, by cutting in the interval between the cricoid and thyroid cartilages. There is, in that situation, a considerable space filled by a tough yellow ligament; we may make a transverse division through that ligament, and thus get such an opening as is necessary for respiration. More commonly, when making an opening into the respiratory tube, we perform a perpendicular division of the upper part, first through the skin and soft parts, and then through the cartilaginous rings immediately below the cricoid cartilage; in this way we procure an opening not only adequate to the purpose of respiration, but free enough for any purpose for which the operation of tracheotomy may be required. The circumstances that may require this operation are, first, the introduction of extraneous substances into the air-passages of the lungs; and, secondly, inflammation affecting certain parts of those passages, producing a temporary obstruction, or, indeed, impeding respiration in such a way as to threaten suffocation. Substances that pass into the throat sometimes get through the small aperture of the glottis, are admitted into the larynx, and pass down to the trachea. When this happens, excessive pain is produced in the throat, violent coughing comes on, and the difficulty of respiration produced by the pain and coughing amount often to impending suffocation. The patient has a paroxysm of excessive difficulty of breathing, with violent cough; he then perhaps becomes quiet again, the symptoms subside, and he is at rest; but this fit of difficult respiration and coughing is soon renewed, he is harassed by a repetition of them at short intervals, and life is, in many cases, in danger, simply from that circumstance. Sometimes, however, after a time, the paroxysms of coughing subside, and he seems to get tolerably quiet; the inconveniences, however, as to respiration are renewed from time to time, showing that the foreign substance still remains in the chest. In some instances there may be an interval of rest of some days, and then attacks of serious inflammation may come on—inflammation, in fact, of the lungs, terminating in the formation of an abscess, which may break into the trachea or some of its branches, and be discharged externally; it may loosen the foreign substance, and produce a favourable change; or, finally, the inflammation may be so serious as to be fatal to the patient. In cases, therefore, where the circumstances show us that a foreign substance has gained admission into the larynx, it is desirable, at an early period after the accident, to make an artificial opening into the trachea, and to give issue to it. Here our object must be to make a tolerably free opening, that the body may be forcibly expelled in one of those violent efforts of the respiratory organs which its presence produces. This is one of the cases in which the operation is necessary; but we are more frequently called upon to perform it in consequence of inflammation attacking either the larynx or the trachea. The case of inflammation attacking the larynx comes under the technical head of

Cynanche Laryngea; and the most important circumstances are, a swelled state of the epiglottis, showing the existence of the inflammation—the extent to which it goes, the violent paroxysms of coughing that come on from time to time, and the peculiar sound which attends the passage of the air through the narrow rima glottidis into the lungs. The passage of the air through the rima glottidis is attended with a sound which manifestly shows that the air passes through an obstructed opening. The sound in many cases is so considerable, that the noise of respiration can be heard at a very great distance—a circumstance which of course could not take place, unless a great mechanical obstacle opposed the passage of the air

into the lungs.—Under circumstances where the cases are accompanied with the symptoms which point out serious disorder in those parts, and where the repeated occurrence of paroxysms of coughing, with this noisy and peculiarly sounding respiration, have brought the patient into the greatest danger, it is expedient to give the relief which an artificial opening into the trachea affords; the patient is thus suddenly relieved from great danger, time is allowed for the inflammation of the epiglottis to subside, and the passage is got into a state fit for natural respiration. The operation is not one of great difficulty, nor is it generally very important. We divide the integuments, the cellular and adipose substance—the veins that intervene between the trachea and the skin, and make an opening into the air-tube. You can hardly wound any part of consequence, or by any possibility have considerable bleeding during the operation. It is, therefore, in doubtful cases, better to give the chance of benefit from this operation, than to allow the patient to be suffocated in consequence of the continuance of the disorder.—The operation of tracheotomy has sometimes been performed in the case of *croup*; that peculiar inflammation of the trachea incidental to children, in which there is an effusion of lymph in the form of an adventitious membrane lining the trachea and its principal ramifications, producing, of course, great mechanical obstruction to respiration. Should the ordinary means of treating such an affection fail, I should say that the operation was very justifiable. If, by the employment of local bleeding and the free administration of mercury, we have not succeeded in arresting the inflammation, rather than allow the child to perish we had better make an opening into the trachea. In some instances this has been successful under circumstances that were apparently desperate.

Suspended Respiration by Hanging and Drowning.—The operations that I have now mentioned are not necessary in the case of apparent death, which arises from suspended respiration in consequence of drowning or from hanging, or in what ever way respiration may be suspended for a time. In these cases the natural opening for the admission of air to and from the lungs still exists, it is not obstructed; its dimensions are not contracted; there is no reason, therefore, for making an artificial opening into it. In these cases all we want is to produce respiration. It is the interruption of respiration that causes the apparent death, and respiration can be renewed, so far as our efforts are equal to it, through the natural passages. We can introduce a tube into the nostril and impel air into the lungs according to the course which it takes in ordinary respiration. In doing this we must close the opposite nostril, or the air will pass out again, and we must compress the cesophagus against the anterior part of the vertebral column, for otherwise the air, instead of passing into the glottis and lungs, will go through the freer opening into the stomach. We may introduce a tube of any kind that may be at hand; the tube of a glyster-pipe for instance, or any small silver tube—any pipe about three or four inches long will do for the purpose. We might introduce the nozzle of a pair of bellows into one nostril, and, pressing the other, gently impel air into the chest so as to produce a degree of natural respiration. And here I must observe that whatever mode you may adopt of assisting artificially the renewal of respiration, you must bear in mind that air passes into the lungs in the process of natural breathing in a very gentle manner, it is not impelled into the lungs with force; the sides of the chest are enlarged, and the air passes in slowly. You must not use, therefore, the bellows very violently, or you may burst the air passages; you may produce a state of the lungs that may be fatal to the patient. Proceed very gently, and endeavour as much as you can to imitate the mode in which air passes into the lungs naturally. If there are any attempts at respiration, you may, perhaps, aid them by applying an irritating vapour to the nostrils; ammonia, or anything of that kind, will affect the respiratory muscles, and assist the act of respiration. In conjunction with these means, particularly in the case of suspended respiration from drowning, it is expedient to employ all mea-

sures that are calculated to restore warmth to the body. When the body has been immersed in water for some time it becomes very cold; its heat is reduced much below the natural standard; therefore, enveloping the body in warm clothes, warm blankets, for instance, and applying heat by other means also, are important auxiliaries in the recovery of persons who have ceased to respire in consequence of drowning.

ORGANS OF GENERATION.

Operation in Phimosis.—I have already had occasion, in speaking of venereal diseases, to consider the subject of warts on the external organs of generation, of phimosis and of paraphimosis, so that I need not refer to those now. It is only necessary for me to mention the operation that may become necessary in cases of *phimosis*. There are some individuals in whom the orifice of the prepuce is naturally so contracted that the glans cannot be denuded, cases which we may call natural phimosis. The lining of the prepuce, in consequence of thickening from inflammation, may be brought into a similar state; that is, it may be contracted into a small circular ring, so that you cannot uncover the glans; if that contraction remains after all inflammation is put an end to, and after repeated attempts have been made to extend the prepuce gradually, it becomes necessary, perhaps, to perform an operation for its removal. I must observe, however, that this operation is not absolutely necessary under any circumstances. The contraction of the prepuce may produce inconvenience by occasioning a collection of the natural secretion of the glans where patients do not pay those attentions to cleanliness which are necessary; but the want of power to draw it behind the glans does not necessarily impede other functions of the member. I have seen cases where persons with natural phimosis have been unlucky enough to contract both gonorrhoea and syphilis. The operation which is performed when persons wish to have this state of the parts altered, is sometimes accomplished by simply slitting up the prepuce. The external skin is not in fault—it is loose enough; it is the internal portion, and particularly the orifice of the internal lining, that is contracted. The mode of proceeding in the operation, then, is just to embrace a small part of the external skin of the prepuce in a pair of broad flat forceps like these which I now show you, and slice it off with a knife; you then have the internal lining of the prepuce exposed, and you slit that up perpendicularly with a sharp bistoury. You take away a kind of ring of the external prepuce, just corresponding with the contracted lining, but you leave the remaining external portion, and simply slit up the internal lining; you thus liberate the glans, and at the same time leave a partial covering for it.

Cancer of the Penis.—The penis is liable to the occurrence of cancer. You may have cancer commencing in the glans penis, that is, the glans penis may pass into a state of scirrhus induration, and ulcers may occur, having a hardened everted edge, and producing a thin, ichorous, fetid discharge; or you may have cancer of the penis commencing in the integuments of the prepuce the glans remaining in its natural state. Sometimes a disease which goes under the name of cancer, consists in the production of a warty growth from the surface of the prepuce and the glans. When the prepuce is the seat of the affection, the cancerous state is attended with contraction of the orifice of the prepuce, and a discharge of fetid ichorous fluid from it. Sooner or later after the commencement of this affection, the glands in the groin become enlarged and scirrhus, and the disease takes the same course that cancer does in any part of the body—it extends along the penis from its entire extremity towards the pubis, and will terminate fatally if the affected part be not removed at an early period. Here are two specimens, I believe, of cancer of the penis, but by the light the different circumstances cannot be well observed.

Amputation.—There is no remedy for this affection except amputation, and that can only be performed with a rational prospect of success before a scirrhus change has taken place in the

sorbent glands of the groin. You must remove the penis at a part beyond the seat of the change which it has undergone, and if you can take away the whole of the diseased part, if you can amputate the penis by cutting into a part that is quite sound, and if no change has taken place in the inguinal glands, you may expect a perfect and permanent cure. The operation is very simple; in the first place, you cut circularly round the integuments of the penis, and when those have retracted as far as possible, you cut through the body of the penis; the integuments will then be loose enough to admit of their being brought together over the stump of the penis. I have never found it necessary in amputation of the penis, to do that which is recommended by most systematic writers; that is, to introduce a bougie or catheter to keep the remaining portion of the urethra open. The truth is, that this proves an additional irritation; the patient makes water very well after the operation, and the introduction of such a substance creates an uneasiness which is not at all called for, so that you may dispense with the bougie with great safety.

Cancer of the Scrotum, I have already had occasion to consider in speaking of cancerous affections of the skin; I come therefore in the next place to speak of the surgical diseases of

THE ORGANS OF GENERATION OF THE FEMALE.

Prolapsus Uteri is an affection which comes under the treatment of gentlemen who practise in the obstetric department, and I have no observation therefore to offer on it, excepting that the tumour which passes under that name admits of being removed by a surgical operation.

Polypus Uteri.—Here is a specimen of *polypus uteri*; it consists, you observe, of a large pyriform tumour growing by a narrow neck from the cavity of the uterus—it issues from the anterior part of the uterus. Here is one larger than a child's head, and you observe, that this immense mass is connected with a comparatively narrow neck; the uterus is cut open, the vagina is turned back, and you see the neck of the polypus going into the substance of the uterus. You observe that this tumour was quite free in the vagina all round. It is one that I took out myself many years ago. It was completely contained in the cavity of the vagina, and I recollect that the hymen was entire. —While the polypus is small, it is contained within the cavity of the uterus, and therefore we have no direct evidence of the nature of the affection; but after a time, and sometimes in consequence of its being accompanied with considerable pain, the tumour passes into the cavity of the vagina; a sort of parturition of the tumour takes place, and when in the vagina, it produces more or less local uneasiness, from its pressure on the neighbouring parts; it is very commonly attended with loss of blood; the vessels of the polypous tumour gave way, hæmorrhage takes place, and the patient is supposed to have some serious disease of the uterus. Often there is a considerable discharge of matter into the vagina, for the surface of the polypus in the vagina ulcerates and produces a copious purulent secretion, or a discharge of matter coloured with blood. When you introduce the finger into the vagina, you find a tumour situated there, which has usually a smooth, uniform surface, but which may be a little irregular, more or less tuberculated, or granulated; if we carry the finger along the surface of the tumour, and find the neck of it passing into the os uteri, and can observe, by feeling the os tincæ around the neck of the tumour, that it is fairly within that opening, we can have no doubt about the nature of the affection; it is the disease called *polypus uteri*. The small neck of the tumour passes through the os uteri, and the power of feeling fairly round the neck of the tumour is a pretty satisfactory circumstance. However, we do not always find the os tincæ fairly encircling the neck, for it may grow from the anterior or posterior labium of the os tincæ itself, so that, perhaps, you can only feel the anterior or posterior part of it.—*Treatment*: The mode of dealing with this affection consists in the application of a ligature around the small pedicle of the tumour, drawing it as tight as the feelings of the patient will permit, and gradually tightening it until the circulation shall be interrupted,

and the tumour is detached. The most convenient mode of proceeding consists in the use of the double canula, which I have here. This double canula consists of three pieces, and the ligature is applied round the neck of the tumour by two of the pieces detached and separated from the third. In order to use the instrument, we take these two pieces of the canula (they admit of being separated from the third), and pass a strong silk ligature, or portion of wire, through them, as I have here done; you then carry this along the surface of the tumour up to its root, introducing your finger, so as to get it fairly up. You convey the ligature with this double part of the canula, in the state I have mentioned, up to the part where the tumour is connected to the uterus by its small pedicle. You then keep one of the canulæ fixed, and move the other slowly round the root of the tumour, till the two meet. You have then got a noose of the ligature round the neck of the polypus. These you see are, in fact, two separate canulæ, with a single ligature passed through them; one end is passed down one canula and the other down the other. First you introduce this one into the vagina, along the surface of the tumour, as far as you can carry it; then, keeping one canula fixed, you move the other slowly round the tumour, and in that way make the noose. Having made the noose, the next part of the business consists in adjusting this other portion of the instrument to the two canulæ, by which they are kept steady, and by which you have the power of tightening the ligature from time to time; then pass it through this ring, and also through this portion of the tube, at the bottom, so that it goes on each side through its respective canula; when you have brought the canulæ down to the point at which they join, they exactly fit into each other, and now the three pieces are converted into one instrument; then tying one of the strings round the ring, draw the other as tight as you can, and tie it round the other; fasten it, and leave the canula in its place, having thus embraced the neck of the tumour by the ligature. After a couple of days, having one of the strings fixed, you draw the other again as tight as the yielding of the polypus will allow; you then pass it as before, leave the canula in its place in the vagina, and thus from time to time draw the ligature tighter until it makes its way through the root of the tumour. I have employed this instrument, and found it both easy and perfectly effective; I believe it is by far the simplest, and I should conceive most effective, mode of treating polypi by ligature.

Cancer of the Uterus.—With respect to cancer of the uterus, surgically speaking, a question will occur, whether it can properly be made the subject of operation, and if so, what operation should be performed for it? Of late years, we have read much in foreign medical journals (the French particularly) of the operation for cutting out the os tincæ when it is the seat of cancerous disease; and we read, that a French surgeon—(who, if he did not introduce this operation, has practised it very extensively)—that one individual—has operated in this way not less, I believe, than fifty or sixty times! That he has performed the operation of cutting out the os tincæ, and a certain portion of the neck of the uterus, in cases where they have been said to have been the seat of cancerous or malignant disease, as often as fifty or sixty times! The mode of proceeding consists in introducing a *speculum vaginae*, or an instrument which distends the vagina, and gives you the power of seeing to the bottom of it; then in introducing a pretty strong hook into the anterior, and another into the posterior part of the cervix uteri, drawing it down by them, and cutting it away with a scalpel to the required extent. Now if one individual has had occasion to do this fifty or sixty times, we should suppose that a state of parts requiring such an operation would be of very frequent occurrence. I cannot, however, say that I have ever seen any instance myself, in which an attempt of the kind has appeared to me to be at all feasible, according to the principles which governs our proceedings, in other cases of malignant disease. If we are considering what we should do in cases of cancer of the breast, or any other part of the body, we inquire into the

limits of the disease; we inquire, whether we have the power of fairly removing all the parts affected with the disease; we inquire also, whether the disease has extended beyond its original seat to the absorbent glands in the neighbourhood; that is, whether there is such evidence of the extension of the disease to the system generally, as is afforded by the glands having taken on the affection; and we deem an accurate knowledge of all these circumstances necessary before we can venture to recommend even the simple operation of removing a tumour of this sort from the breast or any other part. Now it seems to me, that we have no means of determining such points in the case of the uterus. In that, we cannot tell how far a diseased change of the cervix uteri may extend, nor how far the neighbouring parts may be affected,—we have no means of judging of this, and, therefore, in my opinion, we must proceed quite in the dark in fixing an estimate of these points. I cannot see how we can arrive at the knowledge which would justify us in performing such a painful and serious operation. The affection of the cervix uteri, which passes under the name of cancer, is generally a state of ulceration, more or less of the phagedenic character, attended with a good deal of pain, and a copious discharge, and, certainly, extending pretty extensively to the surrounding parts. Now, this is by no means a very uncommon disease; at the same time, it is not so frequent as to make it easy for one person to have fifty or sixty cases. I cannot help thinking, therefore, that the portions of uteri removed in many of those cases cannot have been affected by any malignant disorder, and, consequently, that they must have been cases in which the disease, whatever it might have been, might have come to a favourable termination without the performance of the operation. At all events, as the matter now stands, the circumstances that point out its necessity, and the state of things that would lead one to say that so painful and dangerous an operation can be performed with a prospect of permanent success, are so little settled, that I am for my own part little disposed to recommend the operation.

Removal of the Uterus.—A still more serious operation has been recommended, and that is, entire removal of the *whole* of the uterus; and it appears to me, that all the objections to the operation of excision of the cervix of the uterus apply with tenfold force to the extirpation of the entire uterus. In the first place, in the great majority of instances, the patients have died of the operation, that is, they have died within a few hours after the operation,—manifestly of the operation itself: the operation, in fact, has been fatal. If the same circumstances characterize the diseases of the uterus which are called cancerous that distinguish cancerous affections of the female breast, we should hardly expect the operation to be permanently successful, even if the patient did not die immediately after it, as they have hitherto, because we find that the affection is by no means confined to the part first concerned; that it attacks the absorbent system, that it extends to other parts of the economy, and, consequently, that the patient who has undergone the operation, and escaped the chance of death consequent on it, would probably die of the disease after all. According to the evidence, therefore, which we have, I must say that I consider the extirpation of the entire uterus a totally unjustifiable operation.

Extirpation of the Ovary.—I have had occasion to speak to you of the operation of paracentesis of the abdomen and diseases of the ovary. Now the enlargement of the ovary has been made the subject of a surgical operation, of the same kind as that performed on the uterus; that is, diseased ovaries have been removed from the abdomen. The operation merely requires an incision to be made through the integuments of the abdomen, extending from the pubis to the ensiform cartilage; exactly the same kind of cut that you would make in examining a subject after death; but according to the evidence hitherto given by those even favourable to the operation, it appears that in some instances when this incision has been made, the tumour has been so connected with the surrounding parts, that it could not be removed, and the operators have been obliged to close up the abdo-

men again. I believe in one or two instances even, that have been published, it has turned out, after making the incision, that there was no diseased ovary to take away; and I believe there have been one or two escapes with life. I rather think there is a woman now alive on whom this operation has been performed, and she has got a scar of the length I have mentioned to you; but in that case there was a lump proceeding from the situation of the ovary as big as my head. It is rather a curious case. The observations I have made with respect to extirpation of the uterus, apply equally then to the extirpation of the ovary; it is an operation so likely to kill the patient, that I do not think it advisable to proceed to it. But there is this further observation to be made, that patients with diseased ovary often live a great many years; it does not materially shorten life, and there are many instances in which patients have lived with disease of the ovary for five, ten, fifteen, and twenty years. I performed the operation of tapping the ovary for a lady some time ago; the tumour was not very large. I let out a moderate quantity of fluid—I suppose about a gallon. She remained well, not requiring the operation again for five years, and during the whole of that time experienced very little inconvenience; but the tumour had then slowly increased to about its former size, and I tapped her again, and let out the same quantity as before. Now I really do not know any reason why that lady should not live in a tolerably healthy state for twenty years to come, though I think she would stand a very good chance of dying if I attempted the extirpation of the ovary. I remember another instance of a pretty healthy woman; she got very large, as large as if she had been at the full period of gestation; I tapped her, and let out more than an ordinary pailful of fluid, and for between two and three years there was no appearance of its return; the ovary got quite quiet; she grew well, and was able to pursue her laborious avocations; she was, indeed, quite well. For these reasons, therefore, considering that although the disease of the ovary may not be susceptible of cure, it does not, under many circumstances, materially shorten life, I should be very little disposed to practise so hazardous an operation.

Obscure Disease of the External Organs of Generation in Female Children.—There is only one other subject respecting the female organs of generation to which I need advert; and that is a peculiar kind of inflammation incidental to the external organs of children, which, in some respects, is important, for it is a serious affection of itself, and, further, has been, in many instances, confounded with syphilitic affections, a mistake which has given rise to questions of a very serious nature. It occurs in young subjects of from four or five to eight or ten years of age; it consists of inflammation of the labia and the external organs generally, which assume a deep dusky red colour, and in which foul ulcerations form with a tawny grey, and sometimes an actual sloughing surface. They are very painful, attended with a thin fetid discharge, and sometimes extend so as to occupy a considerable portion of the surface of the external organs of generation, with feverishness, restlessness, great pain, and very considerable disturbance of the health of the child. These appearances have, in many instances, been supposed to be syphilitic, and hence have arisen, in some cases, suspicions that children have been ill used; in fact, that persons have had connexion with them, and imparted to them disease; consequently, in some cases, judicial trials of a serious nature have been the result. I had occasion myself to see a child in whom this affection had occurred (though the severity of the affection had then gone by), where it had taken place simply in consequence of these peculiar circumstances in the state of the health, and where, in consequence of previous professional opinions that it was the venereal disease, the child was questioned and interrogated, until, I believe, from fear and apprehension, she gave in to the idea that had been suggested, and strongly entertained, by the parents, and said that a certain youth had done something or other to her; this proceeded so far, that the suspected individual was taken to Bow-street, examined there, and, in fact, tried at the Old Bailey on a capital charge of violating this

young person; on that trial I gave evidence, and it is not the only instance in which a circumstance of this kind has taken place.—Now I must observe, that the characters of this disease are totally dissimilar to those of syphilitic affections. There is, in the first place, an excessive deep-coloured inflammation, with great disturbance of the health of the child, in the very commencement of the affection, and then the ulcerative process that takes place on the inflamed surfaces is foul and sloughing, and of a tawny colour, totally different from the characters of any primary venereal sore.—*Treatment:* Soothing applications to the parts are necessary, in the active period of inflammation, with such attentions to the general state of health as the obvious disturbance of the system may require; after this period has passed by, you generally resort to the exhibition of tonics, more particularly bark, and under the employment of these means we generally find that the health of the child is restored, and that the affection slowly gets better, though, in some instances, it has been so serious as to prove fatal.

FROM MR. HOWSHIP'S "PRACTICAL REMARKS
ON THE DISORGANIZATION AND APPEARANCES
OF SURGICAL DISEASE."

ON RAMOLLISSEMENT OF THE BRAIN.

WE may now turn our attention to a condition of the brain, most serious, and least understood; a softening of the medullary or of the cineritious matter, reducing it occasionally, more or less extensively, even to the consistence of cream.—One great point of obscurity has been the manner in which the disease is produced; another, if possible more interesting, is how its existence is to be ascertained during life. In the accurate determination of these two questions, must rest the selection of the right mode of treatment.—As to the cause, one eminent pathologist, M. Lallemand, has declared it always inflammatory, and, consequently, that the treatment must be antiphlogistic; another physician of deservedly high celebrity, M. Rostan, admitting it sometimes of inflammatory origin, is equally convinced that a host of examples occur of a very distinct, if not a totally opposite character; and that where, in advanced life, this condition presents itself in connexion with disease of the vascular system in the head, the case may be regarded as a disorganization very similar to that which happens to the toes in gangrena senilis. Others again have adduced apoplectic effusions of blood as an occasional cause, and specimens in my own collection demonstrate that the contact of a coagulum of blood, or other tumour decidedly hæmatoide, may certainly induce softening and extensive destruction of the surrounding brain. Dr. Abercrombie, whose exemplary and successful labours in pathology cannot be too highly estimated, considers softening of the brain the death of the part, and that it may arise from excessive action in inflammation, or by the failure of circulation in consequence of disease in the blood-vessels. The most common appearance from disease in the arterial system, is a deposit of a fibrinous or a fatty substance between the serous and fibrous coats of the vessel; these deposits subsequently undergoing a conversion into bony matter; and in this way the vessels lose the power of assisting the circulation, and sometimes also that of transmitting the blood. But the assiduity of modern research has further shown, that the capillary branches, and even the largest arteries, may occasionally become completely obstructed, and entirely impervious, from an accumulation of a fibrinous or soft substance between their coats, and not within their canal. In this state the capillary vessels sometimes present themselves, within the softened portion of the brain, as firm and hard white threads. Dr. Carswell, in one case of ramollissement, describes having seen one of the vertebral arteries contracted and impervious, from a deposit of fibrous matter within it; and Dr. Abercrombie, in another, found the basillary artery not only entirely obstructed for the space of an inch, but much enlarged by an accumulation of white compact matter, the seat of which is rendered sufficiently clear by there being no perceptible tinge of

blood within this white substance, although anterior to this portion, there was a small coagulum of blood in the artery. In my own collection are two very thick and large masses of osseous matter, situated opposite to each other, between the coats of the aorta, just above its valves, which, previous to the absorption of the fibrine in which it was deposited, must greatly have obstructed the stream of blood. I shall, in its proper place, have occasion to mention an instance in which the circulation was not only much impeded, but fatally obstructed by a soft tumour, similarly situated, and that in a very young person.—My own opinion is with M. Rostan, that ramollissement may arise as an accidental consequence of inflammation, yet that it certainly does often occur without any evidence of preceding inflammatory excitement. But I also believe that it may take place without inflammation on the one hand, or disease of blood-vessel on the other. The importance of this opinion, if correct, must be at once admitted, seeing that it presumes the disease to be, in certain cases, so far more within the reach of relief than was before supposed. I feel assured it may arise in this way, and that in two cases to be presently related, it did so arise, from excessive mental fatigue, inducing long-continued congestion of the brain; and in one of these cases it will especially be seen, that the adoption of an antiphlogistic course would soon have destroyed life, but that a watchful attention to the indications that presented, and the persevering direction of the most powerful tonics and anodynes, proved the obviously efficient means of saving and restoring the patient.—So much then for the causes. We now come to a brief notice of those circumstances by which the disease may be discriminated during life; but previous to so doing I must beg to observe, that although I consider the work of M. Rostan one of unusual merit, it appears doubtful whether that gentleman does not carry his admiration of the strictness of the inductive philosophy a little too far. In considering the possibility of the disease being curable, M. Rostan says, that "where the signs of this malady have existed, and disappeared, the opening of the head, the sole proof, *without which it is temerity to affirm anything*, has presented no certainty by which to distinguish the truth." Now, if so absolutely rigid a rule as this is to be practically applied, the existence of every disease that cannot be fully demonstrated to the senses, must be doubted or disbelieved, and all treatment be regarded as merely speculative. Again, from the manner in which M. Rostan has stated his opinion, it appears to be this, that if the disease be capable of recovery, some traces of the past malady must still be expected to remain; but I am disposed to believe softening of the brain one of the few organic changes, which, if susceptible of recovery, would be so by a slow return to the state and condition of perfect health, without perhaps leaving a trace of its former seat or existence. If, indeed, we are to admit that softening is equivalent to death, the chance of recovery from it must of course be sufficiently small; but my own opinion is, that the cerebral matter is little disposed to gangrene, at least in all the cases where, on opening the head, I have found the appearances of putrefactive decomposition, it has evidently commenced either in the surrounding membranes, or in some diseased product, but not in the cerebral substance itself.—We now then come to the symptoms, by which ramollissement may be discriminated. As I have seen them, they may be said to include the following. Occasional pain, uneasy feelings or giddiness in the head, the impressions through the senses disturbed, the least sound insupportably agonizing, moderate light distressing, the feelings now and then so acute, that the lightest touch extorts most piteous cries, the sentient nerves in the extremities deranged, with feelings of numbness, or of a sandy sensation about the toes and fingers, stiffness in the limbs, rendering the walk unsteady or unsafe, the temper of mind changed to extreme impatience, uncontrollable dejection, or absolute indifference, total want of sleep, or, when dozing, disturbed by most frightful dreams, the mental faculties invariably affected, perception slow, judgment difficult, memory feeble or false, imagination gone, ideas confused, the pa-

tient dreads and perhaps cannot endure the least conversation, or if for a few minutes exposed to it, subsequently sinks into the most alarming state of exhaustion. As the disease advances, the patient, especially under the least mental occupation or excitement, is liable to a sudden attack, something between coma and convulsion, in which, although deprived of utterance, and to appearance near death, he is perfectly conscious of his state. From this attack he revives, and after an uncertain interval sustains a return, more severe than before, perhaps with paralytic symptoms, under which he at length sinks.—These then are the leading symptoms. They rarely all occur in the same individual, but the presence of any two or three of them would be sufficient to enable the attentive practitioner to discriminate the most fearful disease. If, for example, the sensations described in the head occurred in connexion with the morbid acuteness of sensation in the skin or in the ear, together with any of the other symptoms, they would offer a combination, which, regarding its steady permanence, could scarcely be supposed to be the consequence of inflammation, hysteria, or any disease we yet know of, except that now under consideration.—We shall next proceed, first to notice those cases which, ending fatally, have afforded an opportunity for inspection after death, and then state the particulars of two other cases of greater interest, in so far as they terminated in the patients' recovery.—In the following case, partial ramollissement was found in the cerebellum, with a serous cyst in the corpus striatum.

Partial Ramollissement of the Cerebellum.—M. S., 54, was suddenly seized with loss of speech, and paralysis of the right side, from which, in a few months, she recovered. Two years after, she had a second attack, precisely like the first, in which I visited her, and found the pulse strong, but the action of the heart extremely irregular, the general appearance dropsical. Two or three days subsequent to this attack, the power of feeling in the arm rather improved, but mortification of the feet came on, under which she sunk and died.—*Post mortem*: On opening the head, I found a smooth cavity, the size of a large grape, in the medullary substance of the left corpus striatum, filled with serum; and in the lower part of the right lobe of the cerebellum, near its lateral margin, was a space the size of a gooseberry, principally within the cineritious portion, in which the substance of the brain was entirely reduced to the consistence of cream, by ramollissement.—In the following example, the extent of disease greater, the symptoms were more striking and remarkable.

Ramollissement of the Base of the Right Middle Lobe Cerebri.—E. P., 60, ten years before death, was severely beaten about the head by thieves, and was never after free from pain in the head. Two months prior to her decease, out at work, she slipped, and fell down stairs in a fit. Taken to bed, she lay quiet till the next morning, and then, with assistance, walked feebly home to her lodgings. She had lain silent and nearly motionless for four days, when I was requested to visit, and found her sensible, with a pulse regular, soft, and small. Blisters and aperients useful, in a month she much improved, yet complained of distracting pains in the head. When she raised her eyes to look at any object, she became giddy, and, if up, was liable to fall. She became again able to move about, and go out to work. Two days before death, putting coals on the fire, her head turned aside, became fixed, the scuttle falling from her hands. A person near was just in time to save her from falling, her limbs shook with convulsive tremor. Laid down, she remained in the fit half an hour, repeatedly saying "she must go down stairs; so ill, she must go home." Scarcely sensible, she was set up in a chair, and presently led into another room, had a second fit, in which the right side no longer disturbed, the left side only was slightly convulsed. She was laid down, remained quiet, and towards evening died.—She was said often to have complained of cramps in her legs, and never appeared entirely or perfectly sensible. Used to say the most absurd things, yet without being exactly delirious. At one time said, that she would get the king to give her a pension, at another, that she had seen the carriage of a

nobleman, at whose house she had worked, and that she had a good mind to ride home.—*Post mortem*: I found the pia-matral vessels congested. The right middle lobe cerebri adherent to the dura mater beneath, was internally very extensively softened, almost to the consistence of a fluid. A similar change, but to less extent, was observed also in the anterior lobe on the same side, the ventricles contained about one ounce of serum.—In the following case a still greater extent of disease had taken place.

Extensive Ramollissement of the Brain, and also of the Medulla Spinalis.—I was requested by my friend Mr. Guthrie, to assist him in opening the emaciated body of Mr. B., a gentleman æt. 60, who died after ten years' illness; the symptoms had been, first numbness, then paraplegia of the lower extremities, with gradual extension of the paralytic symptoms upwards, until he became entirely helpless. As to mind, it had latterly failed very much, so that he was always childish, and often incoherent. In the head we found a free serous effusion between the membranes, but little into the ventricles of the brain; the substance of the hemispheres of the cerebrum was so soft, that (in the inclined position of the head) it was scarcely at all capable of supporting itself. Gradually removed, it would hardly bear the knife; but the ramollissement, which seemed to have advanced nearly to the same point in every part of the cerebrum, was the only change in condition observed. The spinous processes of the cervical and dorsal vertebræ removed, and spinal cord exposed, it was ascertained that, within the third, fourth, and fifth vertebræ of the neck, the medulla was so softened as scarcely to exceed the consistence of cream. Below this part, the posterior columns in the back admitted of being carefully separated, so as to bring into view the central part, which was pulpy; towards the cauda equina the nervous matter was most firm and almost healthy.

(To be continued.)

SPIRIT OF THE MEDICAL PRESS.

CHRONIC ECZEMA.

MR. PHILLIPS, of the St. Marylebone Infirmary, has lately had under his care three patients suffering from severe attacks of chronic eczema; the patients were of the age respectively of 38, 52, and 61; the former two presented, at one time, on the hand and arm, the impetiginoid form of the disease. There being no counter-indication, in as far as the digestive organs were concerned, they were all treated by tepid bathing every other night, and a mixture, containing mag. sulph., ʒj.; acidi sulph. dilut. min. x., three times a day. This plan was persevered in for a month, with a certain though small amount of benefit. At this time five minims of tinct. lyttæ was added to each dose of the medicine in each case. The relief afforded to the younger patient was rapid and decided, so much so, that in six weeks she was discharged cured. In the other cases no very decided amount of good was experienced, although the tinct. lyttæ was carried to 15 minims three times daily. Under these circumstances they took the liq. arsenicalis in doses of five minims three times daily. Its effects, after ten days, were very striking; and by the end of the fifth week, all that remained of the disease was a certain extent of oedema of the lower limbs; which had more severely suffered from the disease, and which was soon dissipated by bandaging.—*Med. Gaz.*

INCOMPLETE DISLOCATION OF THE HUMERUS.

A LAD, aged sixteen, was thrown from a horse, and dislocated the left humerus; it was reduced in a few hours, at an hospital where he remained five weeks, and was then discharged. A few weeks ago he presented himself at the Infirmary, and was admitted a patient. Upon examination, it was found that the shoulder presented a greater flattening than is usually

seen even when the head of the bone is unreduced; that, between the extremity of the acromion, which was sharp, defined, and superficial, and the head of the humerus, there was a distance of nearly two fingers' breadth. The deltoid was paralysed, the other muscles were natural. He could swing the arm backwards and forwards with some force, but he had not power to raise the arm. Mr. Phillips conceived this to be a clear case of incomplete luxation; the head of the bone rested on the inferior margin of the glenoid cavity. The question which excited curiosity was, how it had been produced. Mr. Phillips's opinion was that reduction had been completed, but that sufficient pains had not been taken to maintain the head of the bone in its proper position; that before the capsule was consolidated, the deltoid being powerless, the weight of the arm was sufficient to bring the head of the bone to the position it occupies at present. He strongly urged the necessity of maintaining the head of the bone in its proper cavity until the ruptured capsule is healed, and that this is not effected at the shoulder joint in less than thirty days. He attributes the occasionally frequent recurrence of dislocation at some joints either to this circumstance, or to malformation.—In this case the course adopted was to keep the head of the bone well supported against the acromion, and to endeavour to restore the deltoid. To accomplish the latter indication, electricity was first employed, in the form of sparks; that failing, a more continuous current of electro-galvanism was directed in the course of the circumflex nerve. It did not succeed, and the red-hot iron was used in such a way as to produce very energetic local excitement. A pointed iron was heated to whiteness, and the whole of the integument covering the deltoid in turn came under its action. It was rapidly passed from point to point, being allowed to remain in contact only long enough to produce a red spot, without disorganising the integument. It was used a second time in this case without any manifest advantage; recourse was then had to strychnia. The integument was raised by a blister, and removed, and the surface was sprinkled with a mixture of three-quarters of a grain of strychnia, with a grain of powdered sugar. This powder was used three times, but the paralysis of the deltoid remained. He became tired of the treatment, and after six weeks he left the Infirmary in much the same condition as when he entered it.—*Ibid.*

DOUBLE UVULA.

ON the 2nd of November, I was called upon to see Mary O'Donnell, a peasant girl, aged eight years. She had an affection of the glands of the neck, for which I prescribed preparations of iodine, with gentle saline aperients, under which treatment she is now nearly well. Having had occasion to inspect her throat, I perceived two uvulas projecting from the palate, perfectly distinct and of equal size, of which circumstance the parents of the child were seemingly ignorant. She had never complained of inconvenience attending it. Her voice is clear and strong; and, strange to say, she can with great ease extend it to *three octaves*. Now I do not remember that any writer has mentioned the uvula as connected with the mechanism of the human voice. Mr. Herbert Mayo states, "The range of the human voice seldom exceeds two octaves and a half." I have never seen a case similar to this, but have seen two cases with total absence of the uvula; one in the person of a Hindoo girl at Calcutta, in 1836; and since then in a patient of Mr. Wallace, surgeon, of Bow: in both cases the voice was perfectly natural.—*Ibid.*

PHENOMENA OF FERMENTATION.

IF a fluid in a state of fermentation be examined at short intervals, it is observed that each vesicle puts forth one or more little prolongations or buds, which in time become new vesicles like their parents; these again perform the same process, so that within a few hours the single vesicles develop themselves into groups of four, five, or six. This is not the only way, however, in which they multiply; sometimes the vesicles are observed to burst, and to emit their contents; and new individuals originate from the germs thus liberated.—All fungi appear to have, in a greater or less degree, the power of hastening the decomposition of the organic substances on which they grow, for the purpose, it would seem, of thus procuring for themselves the supply of carbon which other plants derive from the atmosphere. The common *mould*, for example, destroys the palatability of sweat preserves; and the *dry-rot* causes the decay of the timber it infests. Like the rest of its tribe, the simple but important plant we have just described (which has received the appellation of *torula cerevisiæ*) decomposes the organic matter in which it develops itself; and it carries a step further the process which the conversion of the barley into malt by incipient germination had already commenced. This had changed the fecula of the seed into sugar, and an equivalent of carbon was thus liberated. Another equivalent is now abstracted for the use of the fungus, and the sugar is converted into alcohol.—In placing a mass of yeast into a fermentable solution, therefore, we sow the germs of myriads of fungi, by the development of which that change is effected in the fluid which it is our object to produce.—*British and Foreign Medical Review.*

TO CORRESPONDENTS.

RECEIVED—

The *Edinburgh Monthly Journal of Medical Science.*

We thank SCRUTATOR for his timely hint respecting the exorbitant charges of the Wholesale Druggists on some articles, and for the future shall furnish our readers with the Price Current in London of the most useful drugs.

The communication of our correspondent at MOIRA shall be attended to forthwith; arrangements being in active progress to rectify several irregularities in the late management of the Medical Times. We take this opportunity of informing our subscribers generally, that in future they may depend on the punctual delivery of current numbers, and that all deficiencies shall be supplied without delay.

St. James is informed, that Elliotson's *Physiology*, (3 vols.), is one of the best books in the English language: Müller's, edited by Solly, is an exceedingly good one. Whilst on the subject, we must not overlook our old friend Richerand. Were we about to commence the study of *Physiology*, we would read them all, beginning with Elliotson.

Our correspondent at Guernsey is informed, that foreigners enjoying the titles of M.D., may become Licentiates of the College of Physicians in London, on the payment of one hundred guineas, and undergoing a slight examination. Physicians educated at the Universities of Oxford and Cambridge only, can become Fellows of the College. In order to become a Member of the College of Surgeons in London, it is necessary that the Candidate, if a foreigner, should attend London Hospital Practice and Lectures, during six months, and produce foreign credentials that he is, in other respects, sufficiently qualified.

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THE MEDICAL TIMES.

THE "BILLS" FOR THE REFORM OF THE MEDICAL PROFESSION.

WE, last week, presented to our readers an exact copy of Mr. Hawes' Bill; and on a former occasion we laid before them an abridgment of Mr. Warburton's. The profession has had, by this time, ample opportunity of drawing their own conclusions as to the comparative merits of the two Bills.

There can be no question, we think, that the Bill of Mr. Hawes is by far the best of the two, inasmuch as it espouses the *representative* system of government, and thus throws the power into proper hands; whilst Mr. Warburton's is most impotent and useless, and, if allowed to supplant another and a better bill, (which will be his aim) will prove most mischievous in its effects; will give renewed vigour to the *medical monopolies*, benefiting *that one*, withal, in which he is so extensive a shareholder. This is the Bill, forsooth, that Mr. Wakley declared in the House of Commons, to be "in every way worthy the public and the profession!" (See *Medical Times* for Aug. 15.)

—If we augur rightly, the upshot of both Mr. Wakley's and Mr. Warburton's Bills will be, to provide for the mere *registration* of the members of the profession, and to provide (upon the strength of their present ministerial influence) *two nice snug berths for themselves*, in connexion with the administration of the bills.—No person, who is so large a shareholder as Mr. Warburton, in one of the greatest medical monopolies of the present day, ought either to meddle, or be intrusted with "A Bill for amending the state of the Medical Profession," and Mr. Wakley, since he has been in the

House of Commons, has proved himself a complete DO NOTHING, touching the great question of Medical Reform.

Although we approve of Mr. Hawes' Bill, so far as it goes, still we consider it to be awfully deficient in many points, and we shall mention two in particular: 1st. The election of Professors and Medical Officers to our public institutions by *concour*, ought to have been a principal feature, but this has been altogether overlooked. 2nd. That all medical examinations of candidates should be conducted *publicly*, to prevent the possibility of partiality, or of persons passing by *proxy*, which we believe is now frequently done.

The main bulk of the profession has been thoroughly disgusted with Mr. Warburton's shuffling; but what follows forms the climax of his tergiversation. Some short time ago, Mr. Warburton stated that "*he would not trust any of the Medical Profession; that they were no more competent to legislate for themselves than a parcel of butchers, bakers, or tailors.*"

When called to account for this expression, what was his explanatory excuse? Why, forsooth! that it was only a *PRIVATE* communication to Dr. Webster, which latter was such a witless bungler in trickstership as to communicate it to some other individuals! Pray may we ask Mr. Warburton what difference there is as to the nature of the assertion, whether expressed publicly (or privately)? Is not the import the same? Would not the honourable member appear before his constituents as the veriest mock-reformer in the world, if he said to them (many of whom are bakers, butchers, tailors, greengrocers, and such like) that butchers, bakers, and tailors should not have a vote in the formation of their governing body—the House of Commons? We doubt not that he would be pretty smartly and quickly kicked out of Bridport; and shall the members of the Medical Profession, who are transcendently better informed, and more competent to manage their own concerns than a parcel of butchers, bakers, and tailors, bear such an insult in abject humiliation? Forbid it, Heaven!

But what a bungler does Dr. Webster prove himself! We earnestly advise him to take a few more private lessons from his honourable friend, Mr. Warburton, before he attempts to make further public displays of his ability, and lest he should again so openly expose the cloven-foot of his friend.

We applaud the very liberal manner in which Mr. Hawes has circulated copies of his Bill amongst the members of the profession, and so candidly courted their opinions regarding it. Mr. Warburton, on the contrary, distributes his copies most scantily and cautiously; and Mr. Wakley holds his Bill back altogether. Is this proper courtesy on the part of the latter gentleman towards the Medical Profession? We dare say, however, that Mr. Wakley is careful how he moves with government, on account of certain *leetle* things in prospective, to be hereafter realized. Mr. Hawes' Bill, we prognosticate, will prove the best of the four; that is.

should the Attorney-General and Mr. Wakley each bring theirs into the field. If some few good points *can* be picked out of Messrs. Wakley's and Warburton's Bills, in Heaven's name let it be done; but, assuredly, most important additions will have to be made to them, and that too in the form of a new bill, so as to give complete satisfaction to the profession and the public at large.

We thoroughly exposed Mr. Warburton's conduct in the House of Commons last session, and we now feel firmly convinced that he would be very glad to *back out* of Medical Reform altogether, place the burthen upon Mr. Hawes' back, and then act as he did towards Mr. Serjeant Talfourd, *throw him overboard!* Such has been the bungling conduct of the several tricksters, that we think another Committee of Inquiry will yet be required, even so late in the day as it is, unless the members of the *British Medical Association* bestir themselves as men who can appreciate their own just rights, and the genuine interests of the public. Finally, we must impress upon all our readers their duty in *drawing out, without a day's delay, as many petitions as possible, and laying the same open for the signatures of the public at large.*

CLINICAL LECTURE ON MORTIFICATION,

Delivered by SIR BENJAMIN BRODIE, in the Theatre of St. George's Hospital, January 13th, 1841.

I AM sorry, gentlemen, I was, through illness, prevented meeting you here on Wednesday last, but to-day we will take up the subject incompleated in our last lecture. I shall call your attention to another variety of mortification, to which persons of advanced age are liable, and which begins generally in the toes, and extends up the foot. By persons advanced in life, I mean those who bear upon them the marks of old age, which may come on at various periods in different individuals. A very bad case of mortification occurred in a man of the age of thirty-six, who was of such a bad constitution as to look aged at this time of life. The question here arises, in limine, why such persons are liable to mortification of the toes? Morbid anatomy enables us to answer this question. I have examined many who died of senile gangrene, and I have always found some disease of the arteries of the affected limb, mostly ossification of the artery. In these preparations [showing them] you see this occurrence exemplified. More frequently I have seen ossification, but in some cases I have found not ossification, but obliteration of the artery. I have the notes of two cases where the femoral artery had become obliterated from the origin of the profunda down to the ham, not appearing to arise from inflammation, as there was no adhesion of the surrounding parts, the artery being converted into a hard grisly cord. It has been said, that disease of the heart and great vessels is the cause of senile gangrene; but this does not coincide with my experience, for I have found that if there is disease of the heart, there is co-existing with it disease of the artery of the affected limb. The same cause which makes a person liable to disease of the heart, may likewise make a person liable to disease of the distal arteries. It is not in all cases of ossification of the arteries that mortification takes place, for I have known an artery ossified to a great extent, and this has not supervened. Sometimes the artery may be ossified to a great

degree, and yet retain its natural diameter; at other times it may be exceedingly narrowed; in the former case the part beyond receives blood sufficient for its support, while in the latter it does not. When the artery is narrowed, something more must happen to bring on mortification; there is some inflammation in a greater or less degree set up, which precedes mortification. This is not an unreasonable explanation; the arteries are nearly obliterated, when some accidental inflammation takes place, to keep up which more blood is required; under ordinary circumstances the arteries are dilated for the passage of the blood, but being ossified they lose this power of dilatation, and will not allow sufficient blood to pass, so that the part perishes. You might suppose, *a priori*, independently of experience, that persons in a low condition of life would be liable to this disease more than those of luxurious and sedentary habits; this not the case, for a great many more cases occur in private than in hospital practice, one case occurring in hospital to four or five in private practice. It is those persons chiefly who eat and drink too much, and do not take sufficient exercise, and not the labouring poor, who are afflicted with this disease. Those who drink a good deal of fermented liquors are also subject to it. Ossification of the arteries usually takes place slowly, and in general some previous symptoms are present to denote its existence. If you cross examine a patient you will find he has had a sense of numbness upon taking exercise, and that the feet are liable to become cold, and when they get warm they are painful. They will tell you there is numbness and weakness, not paralysis, but approaching to it. These symptoms are easily explained; the arteries cannot open to admit of the passage of sufficient blood to the muscles, and so you have pain and numbness. This last symptom of muscular weakness, resulting from the want of blood, may be illustrative of what we observe in particular diseases of the heart. Dr. Jenner and Dr. Haygarth of Bath, published papers to prove that the disease called angina pectoris is characteristic of disease of the coronary arteries of the heart. I have examined two patients who died of angina pectoris, that is, who when alive were liable to sudden violent attacks of pain in the chest, and syncope, and in these I found ossification of the coronary arteries, and no disease of the heart beside. When they are ossified they will admit only a certain quantity of blood, and when the heart is called upon to make any violent exertion as in running, jumping, lifting heavy weights, the arteries are not capable of admitting the requisite quantity of blood for the supply of the heart, and so syncope is produced. Thus, you may observe, the same thing when the artery of a limb is ossified. Before mortification is set up, the most common circumstance is for the patient, while cutting his corns, to wound himself, and make them bleed a little; inflammation follows this accidental wound: or it may be the patient gets cold in the feet, and goes to the fire; this in health would cause a common chilblain, but when the artery is diseased, the slight inflammation goes on to mortification. You will, in general, find that a slight degree of inflammation precedes mortification, a vesication at the bottom of the foot, with death of the skin; this may occur in one toe, and then mortification extends to the foot. At the commencement of mortification, the pain is sometimes trifling, at other times it is attended with severity. The mortification once begun, goes on spreading upwards. Inflammation begun at the margin, creeps on, yet the constitution is not disturbed; the pulse remains natural, and the tongue clean. In general, it has a

chronic form, though sometimes it assumes the character of an acute disease. A man, for instance, not old in years, but old in constitution, who had served as a soldier in a variety of climates, and been exposed to the heat of India and cold of Canada, having been a hard drinker and dissipated in every way, was discharged at the age of 36, superannuated. He one day felt a numbness and coldness in the feet, whilst working in the Edgeware Road, although it was the month of September. This numbness and coldness increased, and he was brought in a coach into this hospital by his friends two days after the commencement of the sensations, with all the toes mortified in one, and two in the other foot. The patient, after having remained some time in the hospital, was discharged, the stumps being healed. Two years afterwards he was again admitted with an abscess and sinus in the leg. According to the practice then in vogue, I slit the sinus open, which I should not have done had I known what I do now. Some inflammation followed the wound, and extended down to the foot. On the following day the toes were in a state of gangrene, the pulse weak and quick, the skin hot and dry, the tongue loaded. Two days after opening the sinus he died. In both these attacks the mortification was of an acute form. I examined his body after death, and found ossification of the arteries in both limbs. If the chronic form goes on, it may become acute, the pulse becoming quick, and the patient falling into a kind of stupor, and dying. Since there is no form of disease more dangerous, you will not be surprised that different modes of treatment have been suggested for its cure; but I shall not tell you of all the remedies recommended. Some say that you should bleed, having a mistaken notion of the pathology of the disease. As to this plan, I have seen it tried in one instance, in which the patient had mortification to only a small extent, and he did not live three days afterwards. The inflammation arises, in these cases, not from too much, but from too little blood being in the system. Another plan, the reverse of the preceding, has been recommended, which is, to give bark, quinine, and other powerful tonics. There are some kinds of weakness in which these remedies are of essential and primary importance; but will bark, quinine, serpentaria, or any such tonics mend the condition of the arteries? I tell you what they will do, they will load the stomach, and hinder the digestive organs performing their functions, and thus they will prevent the exhibition of necessary stimulus. I have no faith in the good produced by the exhibition of tonics; if you give any, give ammonia and infusion of orange-peel. I do not think there is any objection to ammonia for a short time, but as an alkali if continued for any length of time, it is liable to produce the same debilitating effects upon the blood as other alkalies. It is an object to keep up a good supply of blood to the system; if the heart's action be feeble, it will not send off sufficient blood to the limb; then let the patient live upon good animal, and not vegetable food. I have no doubt they derive benefit from stimulants; wine (the sour wine excepted), ale, porter, &c. Those most subject to mortification are those who have been in the habit of taking large quantities of fermented liquors; to these, then, more may be given than to those who are not accustomed to them. There is one rule which it is useful to observe in the exhibition of stimulants—so long as they do not make the mouth foul and clammy, they may be given with advantage; but on the contrary, if the exhibition of wine, &c., produce heat of the skin, dryness of the mouth and fauces, or make the patient otherwise nervous and irritable, then they are not beneficial. You must be par-

ticularly attentive to the state of the digestive organs: patients who are confined to bed are apt to have their bowels become constipated, and to remedy this state, you should give a dose of calomel over night, and a senna draught in the morning. Mr. Pott was the first to point out and recommend the efficacy of opium in cases of senile gangrene. There is no internal medicine so useful as opium; I have never seen recovery take place where opium in some form or other had not been administered. You must, however, be careful in its administration, and you may give half a grain two or three times a day. The dose, if you have to continue it for any length of time, must be increased. At the same time you must exhibit mild purgatives, the calomel pill and senna draught, or calomel and colocynth, or you will not do good; the opium otherwise will stop the secretion of bile and do harm. If the opium makes the mouth dry and parched, or if it disturbs the sensorium, it will not do good. If it does not interfere with the sensorium or digestive organs, opium is almost sure to be beneficial. So much for the constitutional treatment. Now with respect to the local treatment. The patient must be confined to his bed, he may not feel ill enough, and object to it at first, but sooner or later he will be compelled to do so; it is essential, in order that the part may be kept in an uniform temperature as soon as mortification attacks him. Besides this, it is common to put on poultices made with hot wine, brandy, stale-beer grounds, or the chlorides of soda to overcome the fœtor. I was accustomed formerly to rub the leg with stimulating liniments, but I found they did no good, rather harm, for you draw blood to a part where it is not required, and from a part where it really is. It is less in degree, but the same in kind as drawing blood from the arm; I have never seen any good result from it in practice. I do not believe that poultices are of much, if any use. Some few years ago, I was in consultation with Mr. Vance, when wishing to gain all the information I could, I said to him, "You see a great number of cases of mortification of the toes, what do you find do good as a local application?" He replied, that "he was in the habit of wrapping carded wool round the whole limb." Carded wool is a very bad conductor of heat, and thus it saves the limb the trouble of generating heat. In a case where I had been using poultices for some time, I used carded wool wrapped loosely round the leg, so as to confine as much air as possible, and thus increase its non-conducting power; from the moment I put it on, the mortification stopped. I have used this application since, and the cases have turned out much better than before. This, I should say, is the best practice; you wrap corded wool round the limb, it being in long pieces, several times, and sew it up in a silk handkerchief, and keep this applied for several days; if the mortification stop, and sloughs are coming away, you may change it every other day. You might easily perceive what advantage this plan possesses over poultices. In the application of poultices, there must necessarily be a succession of hot and cold to the limb, and it is made to generate heat, and moreover the patient is worried at every fresh application about the appearance of the part. When carded wool is applied, the patient's friends, and the patient's mind is tolerably tranquil; he lives in hope that when the wool is taken off, the part may appear better. If, under this treatment, the mortification stops and sloughs begin to come away, you may have to cut away portions of dead ligaments and tendons, in order to let out any collection of putrid offensive slough, but you should never cut away anything living. Leave the separation entirely to nature, you

may assist her just to enable a large putrid slough to come away, but that is all you should do. There is another question. When a man has mortification commencing, should the leg be cut off? I have heard of its being done, and the stump began to mortify and slough soon afterwards. The chance of recovery should not be risked by so severe a remedy as amputation.

A. B.

PLICA POLONICA.

PLICA POLONICA is endemic in Poland, and is but seldom, if ever, observed in any other part of Europe. This disease is likewise termed *Trica*, *Trichoma*, and *Lues Pocusien-sis*, from Pokusia, a territory of Poland, where it has been long prevalent; throughout Poland it is called *Koldunff-or-Gozdz* by the common people; and in Germany, it is known by the names of *Juden-zopff* and *Weitch-el-zorff*.—Both sexes are equally liable to the attacks of this disease. It usually appears during infancy; seldom after the age of twenty; when once produced, it continues during the remainder of life. Its accession is generally preceded by irregular spasmodic affections, pains in different parts of the body, slow fever, and disorder of the eyes—all which cease on the appearance of the disease itself.—Plica consists in a *præternatural rapid growth of the hair, with a copious secretion of a viscid, slimy matter from its bulbs or roots, which have become swollen*. For the most part, the hairs of the head only are affected, and that only in peculiar parts. In these, the hairs grow considerably longer than in others, and are knotted and entangled with each other in a confused mass, like the felting of wool, being also covered with the viscid matter which issues from their roots, and assists in gluing them together. In proportion as the quantity of this gluten, and the implication of the hair increases, it becomes more and more difficult to clean and comb it; hence a degree of *phthiriasis* is produced, and the head contracts an extremely fœtid smell, which is the most noisome feature of the malady; to this, however, the Polish peasants are so much accustomed, that they endure it without any manifest inconvenience.—The *sensibility* of the hairs during Plica, is much greater than in their healthy state: when the disease has reached a high degree of malignity, not only whole masses, but even single hairs, will bleed if cut off, and that too, throughout the *whole length*, as well as at the root. The hairs growing rapidly amidst the corrupted mass, twist themselves together inextricably, and are at last plaited into a confused, clotted, disgusting mass, which frequently forms itself into a number of separate masses like ropes; and there is an instance of such a *zopfe*, or tail, growing to the length of *fourteen feet* on a lady's head, before it could be safely cut off!—Sometimes it assumes other forms, which medical men have distinguished by specific names; as, the *Bird's-nest Plica*, the *Turban Plica*, the *Medusa-head Plica*, the *Long-tailed Plica*, the *Club-shaped Plica*, &c. After the hair has continued to grow thus tangled and noisome for a period, which is in no case fixed, it gradually becomes dry; healthy hairs begin to grow up under the Plica; and at last they "push it from its stool."—In the process of suppuration, however, it unites itself so readily with the new hairs, that, *if not cut off at this stage*, it continues hanging for years, a disgusting and troublesome appendage to the head. But till the disease has run through all its stages, and has begun of itself to decay, any attempt to cut the hair is attended with the ut-

most danger, producing convulsions, cramps, distortions of the limbs, sometimes madness, and frequently death. For a long time this was the first step on the approach of the disease; its victims were naturally anxious to rid themselves of the disgusting symptom, and they uniformly ascribed the melancholy effect which followed, not to the removal of the hair, but to the *internal malady*.—Crack-cow may be considered the centre of this singular and revolting disease. It is at present an opinion universally prevalent among the Poles, that the disease is a salutary effort of nature, to expel a morbid matter from the body; and that, to interrupt the course of it, would be productive of imminent danger; hence, they now make no attempt to cure, or even palliate the complaint.—Physicians have been unable to decide whether this complaint is hereditary or not. It appears, indeed, that a predisposition to it may be transmitted from parents to their offspring. In one case which fell under the observation of Mr. Frederick Hoffman, two brothers had Plica, both on the left side of the head, and in about one-third of their hairs: he learned from them, that their father and grandfather had also been affected with the disease, in a form exactly similar.—Beside the human species, other animals in Poland are subject to this complaint. It appears in some of the finest horses; in them it is situated in the mane, and sometimes in the long hair around the hoof and fetlock joint. It also attacks the different species of the canine genus as dogs, wolves, and foxes. Previously to its occurrence in the first, symptoms like those of *rabies* usually appear; the tail is dropped between the hind legs; there is a flow of saliva from the mouth; the sight and appetite are impaired or entirely lost; they are snappish, and disposed to bite, but their bite *does not produce hydrophobia*. The wolf is affected in the same manner; he leaves his wonted concealment in the woods, and runs wildly among the flocks biting and destroying them, but *without producing hydrophobia*.—The impossibility of hitherto ascertaining the true causes of this singular disease has given rise to several vague conjectures; as that of La Fontaine, who attributes it to a *corruption of the fat*, particular of that just under the skin, in which the roots of the hair are imbedded. It is remarkable, that Plica takes place only among the poorer class of people, whence some have conceived that it is to be considered merely as a consequence of uncleanness.—In objection to this opinion, may be urged, that it is unknown in the adjoining countries subject to the Prussian Government, where the peasantry are habituated to the same customs and modes of life as in Poland; besides, that its *appearance* affords evident *relief* to the system, and its *retrocession* is productive of *dangerous consequences*. The idea that it is a real and idiopathic disease, confirmed also by its occurrence, in a variety of animals, and by the circumstance of being confined to *particular parts of the head*; all which, no reason can be assigned on the supposition of want of cleanliness.—A peculiarity of *climate* cannot be adduced as a cause of the disease, for Poland differs little in this respect from the adjoining countries. The summer heat is certainly considerable, the thermometer rising frequently to 98, 100, and 104 deg., and the cold in winter is so great, that it falls sometimes 10, and even 15, degrees below zero. But though the changes in the atmosphere are so remarkable at different periods of the year, they take place with the utmost regularity, the temperature passing by insensible degrees from one extreme to the other.—The Poles themselves are a vigorous, hardy race; inured from infancy to labour, and to exposure to the vicissitudes

des of the atmosphere, almost regardless of cold, they frequently sleep in the open air. Their diet consists chiefly of animal food, and they are much addicted to the use of spirits. They have an equal fondness for other strong stimulating liquids. Mr. Hoffman has seen them drink, with the greatest avidity, the *salt-rine* in which herrings have been preserved, and even nitrous acid diluted with water.—Since no other cause can be assigned for this disease, Mr. Hoffman thought it probable that it might arise, according to the general opinion, from contagion like psora, which can be communicated by contact only; but this he was not able to ascertain from any specific observations.—It is said by authors of repute, that Plica is frequent in Tartary, and that it was brought into Poland in the 13th century, by the Mongol Tartars, who at that period made frequent irruptions into the eastern parts of Europe.—A very interesting paper was read some time ago, by M. Virey, before the Royal Academy of Medicine, in Paris, on the nature of, and remedy for, this disease. “Every one,” observes M. Virey, “knows that this was for a long time considered to be a peculiar disease, attributable to a specific virus. Many physicians have placed it after syphilis, and amongst the diseases most destructive to the human race; by some, it was supposed to be contagious and epidemic. It is only within a few years that the opinion of Davidson (suggested in the 17th century) has been renewed, that Plica is merely the result of improper treatment and *negligence*. In fact, it appears to be a disease which the *barbers* may cure.—According to the remarks of Des Genettes, it seldom attacks any others than the most filthy, negligent, and miserable individuals. The frequent use of the *vapour-bath*, indeed, by the Russians, has produced it.—It is not only in wild countries, however (as was formerly thought), that this disease shows itself; it has been observed in France and Italy, and is common even in tropical climes. The hair grows longest, and the Plica appears in its most perfect form, amongst the Fakirs of the East Indies. These facts show that Plica, throughout the globe, is the result of *negligence* and *inattention*; aided by *heat*, and the *accumulation of sweat*, &c.”

A ST. GILES'S DORMITORY.

IN the summer of 1834, I was called up between the hours of 12 and 1 o'clock at night, to visit a poor woman who had been seized with a fit in one of the dormitories in the Rookery. It was a sultry night, and the moon shed her beams most brilliantly; in the west, however, dark clouds gathered, and at their meeting, flashes of sheet lightning brightly illumined the horizon. Turning up George Street, and taking the first turning to the left, I arrived at a maze of long, narrow streets and blind alleys, from the garret windows of the irregularly-built houses of which one might almost reach far enough to shake hands with an opposite neighbour. As I wended my way down Cross Lane, I frequently had occasion to step over the fast-sleeping bodies of many a weary labourer, who preferred resting under the wide canopy of Heaven, to the miserable close hovels where the cholera and other pestilential diseases have since so unsparingly parted the husband from the wife, and the tender and endeared offspring from its parents. “Oh, docther, docther!” said a poor Irishwoman, as I was about to turn the corner, “it's not Biddy as ye'll find alive whin ye see her screaming in her bed; for it's a 'plectic fit she's had; this way, yer honour, foller me down the stips, and take care of the brokin one.” With some diffi-

culty I scrambled down a broken ladder, and found myself in a kind of cellar. The very heat and mixed smell of smoke, onions, stale beer, herrings, and tobacco fumes which here assailed my olfactories—had I not been well seasoned to it—would have been sufficient to have suspended all respiration. “Hish!” said a shrivelled up old woman who was bed companion with the patient, “it's nearly all over;” and, in truth, she was right; for the everted eyes and dropped jaw, with the froth issuing from the nostrils and angle of the mouth, in addition to a pulseless heart and cold clammy extremities, indicated that the vital spark had already fled to its last long home. Having plunged a lancet into the jugular vein, and performed one or two little ordinary offices about the body, although more for appearance sake and the satisfaction of those about her, my attention was drawn to a little curly-haired dog, who was whining, and licking the hand of his deceased mistress, which happened to hang over the side of the bed. The dog, it appeared, was the only true friend the poor woman had; for she was a stranger, having been but two days in the neighbourhood; the tears rolled down his face, and he looked first suspiciously, then imploringly, at all busied about the lifeless corpse, conscious that some harm had befallen perhaps his only friend—how strongly, indeed, might the feelings of that dumb animal, whose tears spoke more than words can express, be contrasted with the utter indifference of my conductor, and the deceased's bed-fellow, who, having thrown a dirty shawl over her shoulders, was preparing to lay out the body. The apartment, which had formerly been a kitchen, was not of large dimensions; the ventilation, if such it could be called, was kept up by the current of air passing from the open trap-door down which I had descended, and the ancient chimney which was situated opposite to it; the range, however, had given place to a pair of dog-irons, across which had been laid some faggots for the occupants to cook their suppers by, and nought remained but the white-ash and an occasional spark, which at first brilliant, then rising up a short distance, and becoming suddenly extinguished, appeared emblematical of the soul that had just flitted from its mortal clay. In the centre of the brick-floor of this hovel, for we can call it nothing else, was a long table, around which were placed eleven beds, leaving just space sufficient for one person to pass between. The plastered walls were all blackened with soot and smoke, and not a trace of the original colour was observable. Here and there was to be seen roughly drawn in chalk, a gallows with a man hanging; two or three ships, and an humble attempt at a battle, represented by men with cocked-hats and large swords. Upon the table were numerous pewter-pots, quartern measures, onion-peelings, fish-bones, and dry crusts of bread, the remains of supper.—From the centre of the ceiling hung a dish, containing a quantity of oil and a large cotton wick at each end, these being ignited, a glare of light, surrounded by a black curling smoke, emitted a most unhealthy and unpleasant odour. The occupants of the beds formed a true picture of misery; each bed contained from two to five or six individuals. In one bed in a corner of the room were deposited the crouched up and emaciated bodies of a man, his wife, and four children—the eldest daughter, a girl about fifteen years of age, lay at the foot of the bed with her two younger brothers, whilst a child, about eleven months old, was placed at the head of the bed between its father and mother. In the opposite corner of the room, a bed contained a young man and woman. My attention was attracted to these poor creatures by the cleanly appearance of their skin, and a Testament which was lying

upon the pillow: their cleanliness, however, must have proved a source of annoyance to them, for the bugs and fleas, as though unaccustomed to such delicate food, had swarmed upon them in myriads; they slept as though overcome by the fatigues of a long journey, as the dusty clothes and tattered boots bore ample testimony of—indeed, they all slept; but what an unhealthy and unrefreshing repose it seemed; some turned from side to side, others muttered out half-stifled oaths; whilst many apparently dreamt of their daily toils. How different, indeed, too, was the sleep of the poor squalid, begrimed, and hapless children, who, from having kicked off the clothes, displayed their tumid bellies, and a plenitude of crooked and distorted limbs—no gentle smile played upon their lips, but moans and grinding of teeth bore ample testimony of the derangement that, although hidden from the eye, was lurking within. Perceiving that the body was now laid out, and the two women wished me gone, I bent my steps towards home, not, however, without first endeavouring to tempt the dog to follow me, but all in vain, nothing could induce him to quit the bed where the body of his mistress lay.

This is a faithful picture of a dormitory in the Rookery, in 1834; but, thanks to the cholera and the police, a new system, both of cleanliness and order, is maintained, and most probably with two years not a vestige of the Rookery itself will remain.

CHIRURGUS.

January 20, 1841.

REVIEWS.

A Practical Compendium of the Diseases of the Skin, including a particular consideration of the more frequent and intractable Forms of these Affections. By JONATHAN GREEN, M.D., M.R.C.S., &c. 2nd Edit. With Plates. Pp. 371. Whittaker.

OUR notice of this work has been delayed in the hope that an opportunity would arise for speaking at length upon the important class of affections it refers to. We cannot, however, longer delay referring to Mr. Green's volume, and therefore find a corner amid the press of medical politics, to state that it affords an excellent compendium of diseases of the skin. The more extended works of Alibert, Cazenave, and Schedel, edited by Bielt, Lorry, Pleuck, Willau, Bateman, and Rayer, may be consulted by the practitioner who contemplates the minute study of this class of diseases, but to those who desire a concise account of the numerous and frequently obstinate affections of the skin, Mr. Green's Compendium may safely be recommended. One object of the volume is to draw attention to vapour and fumigating baths as therapeutic valuable agents, especially in obstinate cases, and the practice has the powerful support of Parisian practice. In the Hotel Dieu alone upwards of 180,000 of these baths are administered in one year with the best results, while in England, except in private practice, they are very seldom resorted to. A number of useful formulæ for baths are appended to the book.

Practical Observations on the Pathology and Treatment of Stricture of the Urethra, with Cases. By ROBERT WADE, Surgeon to the Westminster General Dispensary, &c. Pp. 149. Churchill.

MR. WADE's book contains a number of good cases illustrative of the methods of treatment fully and professionally discussed in the earlier part of the volume, more especially the application of *potassa fusa*, upon which subject he gives us some facts and arguments worthy of careful and general perusal.

**OBSERVATIONS ON ABDOMINAL TUMOURS
AND INTUMESCENCE,
ILLUSTRATED BY CASES OF DISEASED LIVERS,
BY R. BRIGHT, M.D., F.R.S., &c.**

[From the Gay's Hospital Reports.]

ENLARGEMENTS OF THE LIVER ITSELF.

To these, Dr. Bright now proceeds. He adopts the division into the smooth and the irregular forms of tumour. In the first of these diseases may be included enlargement from the passive congestion of blood—from acute or sub-acute inflammation; from retention of bile; from chronic hypertrophy; from fatty changes with intumescence; and from diffused malignant disease. In the second division—tumour of irregular form—may be included, abscess, both acute and chronic; hydatids; the result of chronic inflammation, producing irregular contractions in the cellular membrane of the liver and permanent roughness of its surface; malignant disease in the several varieties of the scirrhus, cerebriiform, and melanotic deposits.

1. *Smooth Tumour or Tumefaction of the Liver from Sanguineous Congestion.*—"The most simple form," says Dr. Bright, "of hepatic enlargement is that which results from sanguineous congestion, where the increase in size is entirely owing to the unnaturally distended condition of the blood-vessels. This form of disease is by no means unfrequent in its less aggravated degree, apparently connected with loaded bowels making pressure upon the returning veins; and probably, with the deficiency and sluggishness of the peristaltic action of the intestines, encouraging delay in the circulation of the blood; which again, when once collected in the liver, proves an additional impediment to the onward progress of the stream. When the liver is thus loaded with blood, it gives rise to many of those ailments which are variously denominated dyspeptic or hypochondriacal, interfering with the digestion, and oppressing the nervous energies of the whole system, and sometimes mechanically impeding the action both of the heart and lungs.—A slight fulness is perceptible on the right side, and the ribs are a little raised. To the hand, the space below the ribs is more resisting, and even hard; and although there is no defined tumour, the edge of which admits of being traced, the dull sound, which is elicited by percussion an inch or two below the margin of the ribs, contrasts strongly with the clear sound of the hollow viscera which ought to occupy that space. The enlargement from sanguineous congestion in the limited degree of which I have spoken, may be difficult to ascertain; but there is a degree of congestion betraying itself most manifestly by the enlargement of the organ, which descends several inches below the ribs, and may be felt as a hard full cushion with a defined margin, sometimes on a level with, and sometimes below the umbilicus. In cases of this kind, besides the defined character of the tumour, we have usually a peculiar sallowness of the complexion, which more especially directs our attention to the liver; and that sometimes to such a degree, that experienced physicians have been led away entirely from the primary disease on which the hepatic congestion depended, which is generally some obstruction of the circulation in the heart: and I have known, in this way, a patient supposed to sink under hepatic disease, while ossified valves, and enlarged and distended heart, have been the true cause of all the symptoms. In such cases, it is true that the liver, from being simply gorged, becomes gradually disorganized, passing from the nutmeg liver of distention to the permanent yellow and red liver, in which probably some adventitious deposit or some permanent change of character has taken place; but this is most decidedly a consequence of previous appreciable disease in another organ." We would point attention to the latter observation, as practical as true. It was only the other day that we witnessed a case of this description. The liver was much enlarged from congestion, and had diverted attention altogether from the condition of the heart which was greatly dilated, with attenuation of its parietes, and adherent pericardium. Dr. Bright relates a case of liver enlarged, and altered in its structure from

frequent congestion, which, however, we need not go into.

2. *Intumescence of the Liver from Inflammation.*—"It is to be presumed," says our able author, "that in most cases of inflammatory action the bulk of the liver is more or less augmented, in the early stages at least. But it often happens, that the evidence of inflammatory action exists in the pulse, the skin, the tongue, and the altered secretions both from the bowels and the kidneys; and yet no very decided fulness is perceptible in the right hypochondrium: but more frequently we find, on passing the flat hand gently over the part, that it experiences a little more resistance, and a little more sense of fulness, as it arrives at the right side: and, on careful examination with the points of the fingers, we discover the margin of the liver descending from one to two inches below the cartilages of the ribs; and, on applying percussion, the sound is dull over a corresponding space. Sometimes the part is so tender, that these investigations can scarcely be borne; while, at other times, the patient complains little at the moment pressure is made, but suffers considerably from aching pain in the part for some time afterwards. The tumour thus produced is somewhat resisting, but not indurated; and it gradually subsides, as the general symptoms of inflammation are subdued. Leeches and the assiduous application of poultices, are the local remedies indicated; while bleeding from the arm, mercury with or without opiates, and antimonials, together with free action on the bowels, are the constitutional remedies, which can scarcely be safely dispensed with, where so important an organ, and one so apt to run into suppuration, is inflamed." Dr. Bright relates no cases of this form of hepatic enlargement. He thinks it more frequent where hepatic inflammation tends to suppuration and the formation of abscess, than when it leads to simple jaundice.

3. *Intumescence of the Liver from accumulation of Bile.*—"A third form of smooth enlargement of the liver is produced by the bile being retained, so that it accumulates in the biliary ducts. In such cases, the liver gradually enlarges, and may be felt as a tense smooth tumour, descending toward the umbilicus, and proceeding onwards almost to the pelvis, while it nearly fills the right lumbar space. Pressure is productive of some pain, which often lasts for many minutes. In such cases, we are usually directed in our diagnosis by the very decidedly yellow suffusion of the skin; and, in many cases, by a peculiar rounded tumour projecting from the lower margin of the liver. This will, however, depend upon the cause of the detention of bile in the liver. I believe that it very rarely, or perhaps never happens, that the liver is greatly gorged with its own secretion, unless some decided mechanical obstruction exists. When sanguineous distention takes place to a considerable degree, the bile is certainly more or less retained in the small tubes, and produces a jaundiced tinge on the skin: but here the obstruction is only partial, and is not fixed; and the degree of bilious congestion, compared with the sanguineous, is but small. The circumstances under which I have seen the liver decidedly loaded with bile to distention, so that the bulk of the organ has been enlarged, and manifest swelling produced, have been tumours, or morbid deposits, pressing on the large excretory ducts, or biliary concretions impacted within them. If the obstruction thus produced occur in the hepatic duct, the tumour of the liver takes place, and the organ is distinctly to be traced gradually descending from the margin of the ribs, towards the pubic and the iliac regions, presenting a smooth and even surface. The whole, dull on percussion; and this dullness ascending to the sixth and fifth ribs on the right side. If the obstruction be lower down, occupying the common duct, the same enlargement of the liver takes place; but gradually we perceive the margin of the liver deviating from its even line, and a globular projection protruding itself downwards, of the size of a small egg. The projecting portion of the tumour yields, on pressure, the elastic feel of a deep-seated fluid: it increases, and becomes more tense, and often seems to project above an inch beyond the distended line; in which case it

descends almost to the pelvis, being generally situated somewhat to the right of the mesial line and on a level with the crest of the ilium. The tumour is the distended gall-bladder. In both these cases, the surface of the body is of a deep yellow colour; but I have suspected that it is not been so deep when the obstruction has been in the hepatic as when in the common duct; this, however, I am by no means confident; but if it be so, the difference must arise from the change which takes place in the bile after it enters into the gall-bladder, to which, when the obstruction is higher up than the entrance of the cystic duct, it of course never gains access." Dr. Bright relates an interesting case of *Tumefaction of the Liver from Retention of the Bile*, and then presents us with another, which is short and to the point, and we therefore quote it.

CASE.—*Tumefaction of the Liver from Retention of Bile—the Gall-bladder distended with its own Secretion.*—In the Spring of this year Dr. B. was requested by Mr. Holding to see Mr. T—, the subject of jaundice; but the more immediate object of our consultation was a tumour which had been discovered in the abdomen, and respecting which some diversity of opinion had arisen, though Mr. Holding himself had no doubt as to its nature. The patient was an elderly lad between sixty and seventy years of age, who had been affected with jaundice for several weeks. The colour was a deep yellow; the stools were white, or occasionally of a pinkish-white or drab. The urine very high-coloured, yellow, and loaded with lithic deposit. On examining the abdomen by the hand, and by gentle percussion, the liver was traced, of a large volume, going back towards the loins, and descending to the umbilicus. It was smooth and tense, but not hard; and following its margin towards the right side, and between the umbilicus and the crest of the ilium, a large rounded projection was to be plainly traced, which, in connexion with the other symptoms, Dr. Bright had no hesitation in pronouncing to be the fundus of the gall-bladder. The symptom by which the disease was chiefly marked, besides those already noticed, were anorexia, flatulency to the utmost degree, occasional vomiting, and considerable depression of spirits. Pressure made upon the liver was not immediately very painful, but left a wearing pain for some time after examination. No permanent advantage was obtained from remedies, and, at length, the patient sank.—*Dissection:* On opening the abdomen the liver was seen descending below the ribs, and the gall-bladder projecting from beneath it. The gall-bladder was not of dark colour; but was thin, from long distention, that, while trying to raise it, it burst, and a large quantity of light dirty-yellow glairy fluid escaped. It was therefore obvious that the distention of the gall-bladder depended on something else besides pressure on the common duct; and it was presently found that a biliary calculus was impacted in the cystic duct, so that nothing could obtain an entry into the bladder, except its own secretion;—but this would not account for the jaundice: however, this was also soon accounted for, by the entire obstruction of the common duct by induration of the head of the pancreas. Dr. Bright remarks:—"One practical point is suggested by the examination in this case. I refer to the caution indicated by the state of attenuation to which the gall-bladder was reduced. It actually gave way under manipulation: and the same might have happened during life; in which case, peritoneal inflammation would have been almost infallible. And this struck me the more, because I had several times, during my attendance, taken the tumour in my hand, and made gentle pressure upon it as upon an elastic bottle; observing, that if I dared to make bold pressure, it felt as if I might possibly overcome the obstruction to the duct."—Two other cases of distention of the gall-bladder are related; and the observation is made that, occasionally the gall-bladder loaded with calculi is brought into a state of suppuration; and in this way, adhering to the parietes, forms an external abscess, and the calculi are discharged. In this case a tumour generally presents itself near the margin of the ribs.

4. *Hepatic Tumour from Chronic Hypertrophy of the Organ.*—"There is a state of disease," says Dr. Bright, "into which the liver is very apt to pass, when it has been long over-stimulated by habits of intemperance. The whole structure becomes uniformly changed, so that the appearance it presents is that of a yellow granular substance, like a coarse-grained sandstone; and at one period of the disease the whole organ is greatly enlarged. Whether it sometimes contracts in a later period, I am not quite sure; but if it does, it then passes into a state approaching to the hob-nailed liver: at all events, at the period of which I speak, it forms a large hepatic tumour, of a smooth character; for the granules of which it is composed are not perceptible through the parietes, which are usually, in this form of disease, rather loaded with fat, than reduced by emaciation." Two cases are given of this affection. We proceed to—

5. *Hepatic Tumour from Fatty Degeneration of the Liver.*—"That very peculiar change to which the liver is subject when its whole substance seems converted into a mass of fat, supported in its form by the usual vessels and cellular membrane, has been known for many years, and has particularly attracted the attention of the French pathologists, who have traced it as connected in many cases with the phthisical diathesis more or less developed. I am not aware, however, that any one had pointed out a diagnostic mark of its existence during life, till Dr. Addison took up the subject, in a communication to these Reports. And to this I must refer; as I introduce the disease in this place only as affording one instance of hepatic tumour; which, however, is not a constant attendant on the disease in its early stages."

(To be continued.)

EXTRACTS FROM THE DIARY OF A NAVY ASSISTANT-SURGEON.

DEDICATED TO MEDICAL STUDENTS.

To the Editor of the 'Medical Times.'

SIR,—You will greatly oblige one of a body of four or five hundred, by giving insertion to the following. It shows the way in which Members of the College of Surgeons are treated in one of the British public services; the respectability of the whole profession is surely much lessened by the existence of such a system. Before I passed, I remember how much all my fellow-students looked down on the Naval Medical Service, and it is shame which prevents the name being here given of your correspondent,

A NAVAL ASSISTANT-SURGEON.

1840, — 1st. Being disappointed in several situations that have been promised me, I applied for the appointment of assistant-surgeon in the Navy.

2nd. Received an answer that I was put on the list* of candidates.

3rd. Have had sent to me a printed sheet, partly blank, to fill up with an account of my qualifications.

4th. Received a letter stating that my qualifications are satisfactory, and requiring me to present myself for examination to-morrow.

5th. Passed my examination, and informed that I had got an appointment in the evening, which I accordingly did to a line-of-battle ship.

8th. Procured uniform; the undress uniform being like the habiliments of a private gentle-

* In the letter, the word "list" was used, though I fancy my name was the whole list—a long list of one assistant-surgeon! Navy assistant-surgeons are treated in such a degrading and humiliating manner, that the situation is not run after as an army assistant-surgeon is. A friend of mine, who has an opportunity of knowing, tells me that the head of the Army Medical Department has 300 on his list, who are particularly recommended to him by his private friends, and that if he put down the names of all who applied, or who were less particularly recommended, the list would be a thousand.

man's footman in reduced circumstances, and the full dress like the clothes of a parish beadle, whose bulk had become much less from having been occupied with a *diary* (diarrhoea?)

10th. Joined the ship at —mouth; find there is no room in the vessel for more than one chest, so I have to leave behind, to be lost, two chests of clothes and all my books. Discover that assistant-surgeons are not allowed cabins; so, not having any place for books, I have to go away without them. Find that an assistant-surgeon is not thought worthy to mess with the lieutenants and surgeon, but has to mess with a number of boys of from 9 to 14; instead of having a cabin to dress and undress in, he has to do this in an open space among a number of others, and to sleep in a hammock, like a common Jack. It is impossible to read in the mess-room, which is more like a nursery than anything else, and there is no other place to retire to, so that if I had any books with me I could not make use of them.

VACANCIES, PROMOTIONS & APPOINTMENTS.

NAVY.—To be Assistant-Surgeons, R. Hayward, to the Edinburgh; D. H. Gamble, to the Revenge, vice Baker; T. Beattie, to the Stromboli, vice Houghton; T. C. Miller, to the Queen; D. O'Callaghan, to the Phoenix.

GANGLIA OBSERVED IN THE HUMAN HEART.—Remak states that he has discovered ganglia in the substance of the heart of man, and of various domestic animals. They are derived chiefly from the sympathetic nerves, and are almost microscopical. These ganglia are situated in the transverse furrows of the heart, especially between the auricles and ventricles. Remak suggests that upon them depends the activity of the heart, independent of the brain. (*Wochenschrift für die gesammte Heilkunde*, No. 10.)

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The noble Duke Arthur,
Her Grandma, the Duchess of Kent, all declare,
That to please the sweet creature,
And happiness teach her,
Of their right royal revenues something they'd spare.

The Ladies of Honor,
Who doat so upon her,
Pages, Ministers, Judges, and Generals tall,
Had for six full days cavilled,
And the knotty point unravelled,
Till they hit on a thought that delighted them all.

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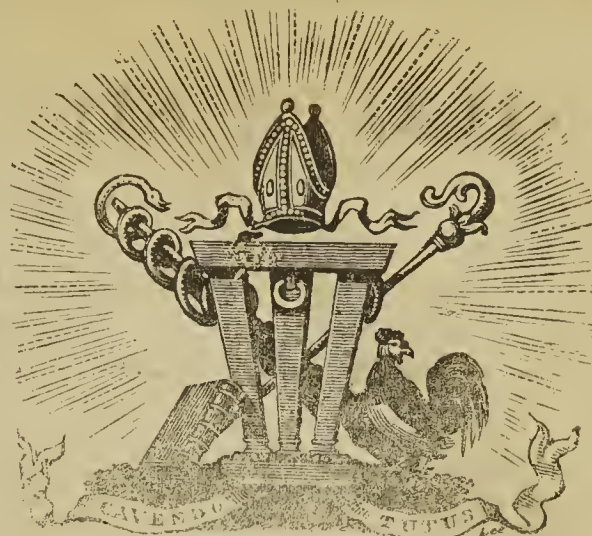
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REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY, Presented to the Annual General Meeting, held March 5th, 1840.

On again meeting the Proprietors, the Directors feel that to evince the progressive prosperity of the Society during the year ending June 30, 1839, it would be sufficient to refer to the Balance Sheet of the Auditors, now on the table; but they desire to direct the attention of the Meeting more particularly to the following facts, viz.:

1st. That the sum received for Premiums on *New Policies* issued during the past year has amounted to £10,040 11s. 11d.
2nd. That the income of the Society, which is steadily and progressively increasing, now exceeds £86,600 per annum.
3rd. That after defraying the claims on account of Deaths, and all other expenses, £52,004 have been carried, as a clear saving, to the Consolidated Fund during the twelve months embraced in the present Report.

The Directors desire also to state, as indicating the estimation in which this Society is held by one of the best classes of insurers, that the number of Policies granted on the Lives of Clergymen has been greater by 50 per cent. during the last than during any preceding year.

When, in addition to these facts, it is made known, that by the Deed of Settlement not more than one-sixth part of the profits can be appropriated to the Shareholders, nor more than 5 per cent. interest be paid on their instalments, the Directors feel confident that the Proprietors can recommend the Clerical, Medical, and General Life Assurance Society to their Friends and the Public, as offering to the assured advantages as great as can be derived from any similar Institution.

(TO THE MEDICAL PROFESSION.)

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WITH FOUR PLATES, AND WOOD-CUTS.

THIS celebrated work, when first published, eight years since, filled up a wide hiatus in the science of general or structural Anatomy. Its Author, now universally acknowledged as one of the first physiologists of the age, laid the foundation of his fame in the present treatise. The information which it contains, and the fundamental doctrines established by the researches which it records, cannot be too highly appreciated; and though (no doubt) all teachers of physiology are familiar with them, and yearly communicate them to their pupils, yet it is hardly to be expected that the great body of medical practitioners should have had the opportunity of referring to this most important volume. I hope, therefore, to present an acceptable offering to the Profession, by giving an abstract of its contents. A complete translation of the whole work would not, I imagine, prove so generally useful to my professional brethren, as a faithful analysis; and I have endeavoured to add the most important observations which have appeared, on this subject, since its publication in 1830.—Preface.

Mr. Solly is already favourably known to the profession, by his work on the "Human Brain;" and he has now laid us under fresh obligations, in becoming the translator of Müller's excellent monograph on the Glands. The work before us, however, is something more and better than a mere translation; it is an analysis and a commentary; with a succinct account of the discoveries made since the publication of the original. Müller's "*De Glandularum Secretentium Structura Penitiori*" was published in 1830; and proclaimed its author a first-rate anatomist, ere his "Elements of Physiology" had procured him the distinguished reputation he now enjoys. Our countryman has had the rather irksome task of Anglicising modern Latin; or, as he expresses it in his preface, "of translating an ancient language written with a modern pen."—(p. 8.) The modern pen, it must be confessed, is too often but an awkward imitator of the ancient *stylus*; but Müller, we believe, "discourseth" pretty good Latinity; and Mr. Solly has rendered it into respectable English.

Müller commences with a critical history of our knowledge respecting the structure of the glandular system; but as he goes no higher than the time of Malpighi, the Editor has briefly traced the antecedent progress of this branch of anatomy from Hippocrates to Wharton. He speaks of Bellini as having made some slight advance beyond his contemporaries; in that he demonstrated the tubular structure of the kidney. Due praise is awarded to Malpighi; who did more towards elucidating the true structure of the glands, than any of his contemporaries; or even than his successors for nearly a century following. This celebrated man affirmed that "the pericardium itself is a glandular body, which is constantly preparing a peculiar fluid;"—"a principle of physiology," observes Mr. Solly, "only now in process of demonstration."—(p. 5.) An epitome is then given of the discoveries of Ruysch, Mascagni, and others; who contributed, by their isolated labours, to lay the foundation whereon Müller has so admirably raised the superstructure. His, assuredly, has been a gigantic task; and he rejoices with honest pride in the reflection, that this most important and difficult branch of anatomy has been cultivated and advanced chiefly by Germans. It may perhaps be questioned whether, in the midst of this gratulation, he has given the prominence that is due to the labours of some of our own countrymen,—especially to the illustrious John Hunter; who was one of the first to demonstrate the true tubular structure of the glands, as shown in the preparations contained in his Museum. These preparations Müller barely alludes to.

The author, after observing that he intends to describe all the glands which throughout the animal kingdom exercise the same function, adds, "that he passes by the lungs, although they are of the nature of secreting glands, because they are well known; his object being to give new observations on things little known, or which have been entirely neglected."—(p. 20.) The second book treats of the intestinal glands. In describing those of the stomach, and the Peyerian glands, Mr. Solly has followed Boehm, in preference to Müller; and has given the whole of Boehm's observations, with several illustrative figures, from his work. The third book treats of excreting glands; the fourth of those which are appended to the organs of generation; the fifth to the mammae; the sixth to the glands subsidiary to the organs of sense; and the seventh to the salivary glands; while the four following books are occupied respectively with the pancreas, liver, kidneys, and testicles. In the chapter devoted to the liver of mammalia, the editor has not omitted an analysis of Mr. Kiernan's important researches, illustrated by means of the wood-cuts which originally appeared in the "Medical Gazette." He has also given a full exposition of Mr. Corfe's views as to the structure and functions of the kidneys; and when we add that the writings of Owen, Bell, Morgan, Sprott, Boyd, Boehm, Davy, Bischoff, and Purkinje, have been laid under contribution, it will be evident, that no pains have been spared to render the work as perfect as the present state of knowledge will allow.

We have no space for extracts, but must refer inquirers to the work itself; which, illustrated by numerous well-executed engravings in lithography, will afford them the latest and best information on this very interesting and important subject.—London Medical Gazette.

In pursuance of his laudable endeavour to excite attention, in this country, to the great truth, that physiology can only be pursued with the certainty of success when it is based on comparative anatomy, Mr. Solly has brought the substance of Müller's splendid monograph on the glandular system within the means of the English student; and he has incorporated with it several contemporaneous and subsequent discoveries made by other enquirers.

From this summary of the contents of Mr. Solly's volume, it will (we think) appear, that it is one well worthy of the student's acquaintance. The analysis of Müller's work is, on the whole, well executed; and the other selections are made with judgment. The student will in vain look elsewhere, for the same amount of information in so narrow a compass and at so cheap a rate. We must not omit to notice the four lithographs; which contain upwards of seventy subjects, copied chiefly from Müller's folio plates, and well drawn by Mr. Solly.—British and Foreign Medical Review.

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January 23, 1841.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

POLYTECHNIC INSTITUTION.

THERE has been lately a very considerable accession to this noble institution, of articles interesting to the scientific world; but none more so, than an extensive collection of Porphyry utensils and instruments from the mines of Dalecarlia, in Sweden. The material from which they have been formed, has been known in all ages to be the hardest, and most impenetrable to acids and oils, of any in the mineral kingdom; and the first mineralogists in Europe (including Baron Berzelius and others) have declared that the Swedish Porphyry surpasses in beauty, hardness, durability, and susceptibility of the finest polish, even the Egyptian: this has been proved by repeated experiments on the remains of the Egyptian and Roman antiquities which have been handed down to us, and which have been compared, at the Royal Laboratory at Stockholm, as well as elsewhere, with specimens of the Porphyry of Dalecarlia. The mine from which the latter has been taken, is situated in the ELFDAL, (or valley of Elves or Fairies), in the western part of this celebrated province; and it is worked by, perhaps, the bravest and hardiest race in Europe. In the history of Civil and Religious Liberty, the Dalecarlians are sufficiently celebrated; but as experienced miners and workers in iron and other metals, they are not to be surpassed in the world. In the workmanship and dressing of this Porphyry, however, it is truly astonishing to observe how these ingenious children of nature have contrived to give to this, *the hardest of all stones*, at the same time, *the highest degree of polish*, and the most *classical beauty of form*. The Porphyry VASES exhibited at the Polytechnic Institution, are of course, generally, in imitation of the antique, and connoisseurs here behold as fine specimens of the Etruscan or crater-form,—the voluted Amphora,—the Holkion or Balsamarium,—and the Cylix or Tazza forms, as any which have descended to us from the chisels of the Greek and Roman sculptors. The URNS, too, which are of the Lecythus,—the Cinerary,—and Diota-forms, are not to be surpassed by any that have hitherto been dug from the ruins of Herculaneum or Pompeii. The above are of various sizes, capable of holding from one pint to four or five gallons; but, at the King of Sweden's summer palace of ROSENDAHL, (or Dale of Roses), near Stockholm, there is a Vase of Porphyry, constructed by the peasants of Dalecarlia, in the *Holkion* form, no less than *twelve* feet in diameter, or *thirty-six* in circumference, which is capable of affording sitting room within its rim for *thirty persons*! This magnificent production of nature and art united, is of a beautiful red colour, and has not its equal in the world! There is, also, an URN in the same palace, of nearly similar dimensions.

This beautiful Porphyry has hitherto been scarcely known out of the country of its birth, except by the vases and other ornamental works which his present Majesty (BERNADOTTE) has, since his accession to the Swedish throne, been in the habit, for some years, of presenting to the several sovereigns of Europe, to adorn their palaces. At the Polytechnic Institution, there are several round and oblong tables of this Porphyry; but one of them exceeds in magnificence and beauty, anything that could be conceived as a work of art in this material. The horizontal slab, which is of a reddish-brown colour, eighteen feet in circumference, and about three inches thick at its rounded edge, gradually thickens to about a foot in the centre, where it rests upon a magnificent pedestal of lightish yellow and red: its surface is beautifully inlaid with no less than 10,000 pieces of cornelian, agate, and other precious stones, in the Mosaic fashion; and these have all been inserted by peasant workmen, who never had the opportunity of visiting the *Ateliers* of Rome, nor of witnessing the splendour of art in other countries. This wonderful piece of workmanship may be adduced as a strong proof of the extraordinary native genius which has ever characterized the northern nations. It seems, that *five men* were daily employed on this Mosaic of precious stones, during *ten years*, and the table itself is valued at 3000 guineas.—In addition to the above splendid specimens of Art, there are many articles of minor importance, but perhaps, of more general utility, as knife-handles, ink-stands, chess-boards, axle-boxes for carriage-wheels, watch and clock stands, picture-frames, candlesticks, plates, egg-cups, cups and saucers, toilet-slabs, painters-pallets, seal-handles, knife-rests, paper-pressers, snuff and tobacco-boxes, night-lamps, salt-cellars, butter-coolers, soap-dishes, chimney-pieces, with a variety of other utensils and ornamental works: but the most interesting to our readers, are the *mortars* and *pestles*, than which, nothing can be more useful in a laboratory, on account of their extraordinary hardness, greater than that of agate;—their resistance to the action of *all* acids;—and their impenetrability to oils: these are of various sizes, and sufficiently beautiful in their structure and colour to ornament the counter of any Apothecary or Chemist in the kingdom. It is a remarkable circumstance in the natural history of Swedish Porphyry, that out of *seventy* kinds which have been hitherto found,—all varying in colour and beauty—only *sixteen* are found in blocks of sufficient size for some of the greater works which we have been describing. *One* kind, which is naturally speckled with agate and cornelian, is considered especially valuable, on account of its rarity and the richness of its colours.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

URINARY ORGANS CONTINUED.—WOUNDS OF THE URETHRA.—HÆMORRHAGE FROM THE URETHRA: CAUSES; TREATMENT.—HÆMATURIA—GONORRHOEA BENIGNA.—IRRITABLE URETHRA; TREATMENT.—STRICTURE; CAUSES, SYMPTOMS, TREATMENT.

Wounds of the Urethra.—Simple incised wounds of the urethra, like those which we make in order to remove a stone when it lodges in the canal, heal very readily; for a time the urine escapes in part, or perhaps entirely, through the openings that are thus made, and that is all the inconvenience patients experience. Lacerated wounds of the urethra, such as those produced by a fall upon the perineum, unaccompanied with wounds of the integuments and external soft parts, are much more serious injuries; for, in this case, there is generally retention of urine, and we are often unable to relieve the patient by the introduction of the catheter; if we attempt to pass the instrument into the bladder, it escapes from the canal at the situation where it has been lacerated, and we cannot get it forwards into the bladder. The urine, instead of being expelled through the natural course, is forced out at the torn part of the canal, and injected into the cellular membrane, in the neighbourhood of the part at which the injury has been received; hence it becomes necessary to make an incision into the integuments and external soft parts in the perineum, so as to cut open the urethra, in order to give exit to the urine, and, at the same time, to prevent its further infiltration into the cellular membrane.

Hæmorrhage from the Urethra.—Blood is discharged through the urethra under various circumstances, either in consequence of causes affecting some part of the canal of the urethra, or of disease situated in the bladder, or some other part of the urinary apparatus. In the former case, that is, when the blood proceeds from some part of the urethra, it passes out pure from the canal, either in a fluid or in a coagulated state; this is, properly speaking, *hæmorrhage from the urethra*. When the blood comes from the bladder, or from the kidney, it is mixed with urine; the urine becomes altered in its colour, according as it is mixed with a greater or smaller quantity of blood; the patient is said to make bloody urine, and the disease is called *hæmaturia*.—*Causes*: The introduction of instruments, the application of caustic, and violence of various kinds, will produce hæmorrhage from the urethra—that is, the discharge of blood unmixed with urine from the canal of the urethra.—*Treatment*: In general, rest; the application of cold externally, and the antiphlogistic treatment, will put a stop to bleeding from the urethra, more particularly where the cause is of a temporary kind, and where it is no longer applied. If there should be bleeding of any obstinacy, either from the bulb, or from any portion of the canal situated in front of the bulb of the urethra, we have the power of commanding it by direct pressure; we can apply pressure externally, so as to prevent the efflux of blood from any part situated anteriorly to the bulb. There are some instances, more particularly in elderly persons, where discharge of blood takes place from the urethra, without our being able to point out exactly the cause of its appearance; generally it takes place in individuals in whom we have reason to expect affection of the prostate gland. In these cases the patients are generally a good deal alarmed by the symptoms; but I have usually found, though it is not very speedily checked, that after a certain length of time the hæmorrhage has subsided, and the case has terminated favourably. I re-

member the instance of an elderly gentleman who had an attack of retention of urine, for which I attended him for a considerable time; it was necessary to draw off the water regularly, which was done without difficulty, and the bladder slowly regained its power; but before his complete recovery he had bleeding to a considerable extent from the urethra, which was not from the introduction of instruments, or any cause of that sort, but came on at the time the bladder was recovering its powers, and at last ceased entirely, without any ill consequence. About four or five times he had a recurrence of bleeding from the urethra, although he had regained his power of expelling the urine, and had had no occasion to resort again to the use of instruments. This hæmorrhage continued only a few weeks, and did not oblige us to have recourse to curative means of any consequence. I recollect another instance of an elderly gentleman who was affected with bleeding from the urethra without any apparent cause, and where no disease could be discovered in the urinary organs. He lived at some distance from town; and the gentleman who saw him in the country had introduced bougies, and made injections, for the purpose of restraining the bleeding, but with no good effect. He therefore came to town to consult me, and I recommended that those means should be laid aside, that he should be kept quiet, and that mild antiphlogistic means should be adopted, under which the bleeding ceased.

Hæmaturia.—Hæmorrhage to a very considerable extent will sometimes take place from the bladder, the urine being mixed with blood, in consequence of the mechanical irritation of stone in the bladder. I remember being sent for to a gentleman about the middle period of life, labouring under symptoms of stone in the bladder, who was suffering excessively from an effusion of blood into the bladder. He became unable to discharge his urine, so that at last the bladder was excessively distended. Perhaps at intervals of half an hour or an hour, he was able to force out about a teaspoonful of bloody fluid with great suffering.—I introduced a large catheter, and a very considerable quantity of bloody urine with coagula of blood was expelled from the bladder with great force; this gave him material relief. A recurrence of the bleeding however took place, and it was necessary to use the catheter again several times within the twenty-four hours, by the expiration of which time, from the application of leeches, the warm bath, fomentations to the perineum, and so on, the bleeding ceased, and the symptoms disappeared. This gentleman, however, had another attack of a similar kind, in consequence of taking too much exercise, or some improper indulgence (I forget which), and it lasted for a longer period, but ultimately went away in the same manner; he afterwards underwent the operation of lithotomy and recovered. Hæmorrhage from the bladder sometimes takes place in consequence of organic disease affecting the prostate or bladder. These parts are liable to disease of the fungoid kind—to fungus hæmatodes; and when this proceeds to the ulcerative stage, a flow of blood mixed with the urine is the consequence. In such cases we can do nothing but palliate the symptoms with narcotics, and have recourse to the mechanical assistance which the catheter affords, if indeed the introduction of the catheter do yield any relief.—The cause of the bloody admixture of the urine, however, is sometimes situated further than the bladder; somewhere about the kidney; here we must adopt such treatment as the local affection of the kidney points out; it may be necessary to take blood by cupping, to use the warm bath, or the hip bath, and repeat these means according to the urgency of the affection. In a case where the affection does not yield to such measures, and where, after we have removed all inflammatory symptoms, bleeding still continues, I should have recourse to the exhibition of the *superacetate of lead*, or *alum*, internally.—Although the urethra and the penis are more frequently diseased in consequence of venereal affection, yet they are liable to suffer like other parts of the body from ordinary causes of disease; thus we may have mucous inflammation of the urethra attended with an increase of its natural discharge,

accompanied perhaps with pain—scalding in making water, and in fact, we may have a state produced, very similar to that which takes place in gonorrhœa, from causes of quite a different nature. When an affection of this kind arises from other than venereal causes, it has been called,

Gonorrhœa Benigna,—in opposition to gonorrhœa *virulenta*,—the terms *benigna* and *virulenta*, not indicating the mildness or severity of the symptoms, but denoting the nature of the causes which produce those symptoms. *Virulenta* generally means that which is produced by the morbid or poisonous matter of gonorrhœa; the other term indicates any other cause that may excite inflammation of the urethra; changes in the state of the urine are, no doubt, capable of effecting a change in the mucous membrane of the bladder and urethra. The urine varies very much in its composition and qualities, and in some of the changes it undergoes it becomes acrimonious, and irritating to those surfaces with which it comes into contact. Most persons are aware from their own experience, that from certain states of the nervous system, the kidney will secrete a fluid nearly like limpid water, which nevertheless is very irritating, so that the person feels it necessary to retire to make water very frequently. That the urine undergoes great changes in gout we know; sometimes an attack of inflammation of the urethra will come on, accompanied with a discharge that can hardly be distinguished from that of gonorrhœa in a gouty individual who has not been at all exposed to the cause of gonorrhœa *virulenta*.—There is thus an *arthritic gonorrhœa*. Patients affected with any complaint of the urethra (whether it should be gonorrhœa or any other kind of disease), often observe after an excess of drinking an aggravation of the complaint; they will often tell us they were going on very well, but having dined in company and drank more wine than was proper, the inflammation became increased, and all the symptoms were aggravated. The urethra no doubt, under certain circumstances, is capable of being injuriously affected by the excitement connected with sexual intercourse, more particularly if that be carried to an excess, and a state of the urethra exists in certain individuals, in whom slight occasional excitement is sufficient to produce disease; this state is said to be a state of

Irritable Urethra,—perhaps it might be called with equal propriety a state of inflammation, or inflamed urethra. There is increased frequency of micturition, very commonly pain, and some degree of difficulty in passing the water. The urine sometimes passes easily, and sometimes with difficulty. There may be a discharge from the urethra in a greater or lesser quantity. The inconveniences which the patient complains of in the discharge of the urine often lead the surgeon to examine the state of the passage by instruments; he introduces a bougie or catheter; it is found sometimes that an instrument will pass easily, at other times an obstacle is experienced, so that an instrument will not readily go into the bladder, hence the notion of *spasmodic stricture*; it is supposed that this obstacle is produced by a spasmodic state of some of the muscular fibres surrounding the canal. Probably in this case there is no real stricture in any part of the canal, but only an obstacle produced in some situation or other by the inflammatory tension, a partial enlargement in consequence of inflammation of some portion of the lining membrane. The introduction of an instrument under such circumstances not uncommonly occasions bleeding; that is, some of the overloaded vessels of the tender mucous membrane become lacerated by the introduction of the instrument, and bleed. In such a state of inflammation, disease is sometimes produced in certain parts contiguous to the urethra; inflammation or chronic enlargement of one or of both testicles may arise under such circumstances. Redness, excoriation, superficial ulceration, or even deeper ulceration of the glans or of the prepuce, may be occasioned in this way. In some individuals, the glans and prepuce are more liable to excoriation and ulceration in consequence of sexual intercourse, than in other individuals, and there are some persons who, from causes like this, hardly have venereal intercourse without experiencing inconvenience of this sort—even individuals in married life

who do not expose themselves to any risk of venereal infection.—**Treatment**: The symptoms which constitute what has been called an irritable state of the urethra, or, rather, those which denote it, are generally got rid of very easily by getting rid of the cause which produces them; that is, by regulating the diet and paying attention to the digestive organs. In addition to this, you should apply tepid applications to the perineum or lower part of the abdomen; use the hip or warm bath, and give the patient diluent and mucilaginous drinks. You may also abstract blood, by leeches, from the perineum, or by cupping, from the loins, and it may be necessary to have recourse, in failure of these means, to mild narcotics—to hyoscyamus or opium, particularly in the form of Dover's powder. The local administration of these remedies, of hyoscyamus or tinctura opii, in glysters or suppositories, may be of use in certain cases. In general it will not be found that the introduction of instruments into the urethra is of particular advantage in these cases, but yet there may be cases in which, after we have employed the remedies which we think most calculated to give relief, and where the patient still continues to suffer, we may find the stimulus produced by the introduction of an instrument of advantage.

Stricture of the Urethra.—Stricture of the urethra means, simply, contraction or narrowing of the dimensions of the calibre of the canal, produced by a change of structure in some part of it, consequent on effusion produced by inflammation, or on the cicatrization of an ulcerated surface. When the urethra is highly inflamed, as in the case of severe gonorrhœa, the blood-vessels of the part become distended, and the membrane itself is changed, in consequence of effusion within its texture, and hence the dimensions of the canal, generally, are diminished, so that the urine passes out through a very small canal, and one which is very irregular in its fissure. Hence the patient makes water with great difficulty, passing the urine drop by drop, and ultimately, perhaps, complete retention of urine may be produced simply by the diminution of the calibre of the canal, the state of its vessels consequent on inflammation, and the thickening of its membrane. This is a kind of diminution of the calibre which depends on temporary circumstances; therefore it only endures for a short time and goes off again. If a vessel be injured at this time, when all the vessels are much enlarged, it may produce a very copious bleeding. I have known a person lose perhaps a pint of blood in consequence of such an occurrence, and that with great relief to the symptoms. Inflammation confined to a certain spot of the canal may produce effusion into the inflamed portion of the membrane, and into the cellular texture or the other textures immediately around it; this, if it proceeds, ultimately causes induration of the affected part, and, consequently, a narrowing there of the diameter of the canal. These are permanent changes, and the contraction of the canal produced in this way, constitutes what is technically called *permanent stricture*, in opposition to that temporary and occasional difficulty in the passing of the urine which I have alluded to under the name of *spasmodic stricture*. Now the permanent stricture, which exists in various degrees, forms a readily perceptible contraction of the membrane which lines the canal, an induration or condensation of the textures surrounding it, a completely hardened callosity of the parts. They may be so hardened, that on cutting through them a noise is produced, as if you were cutting a portion of cartilage, such is the extent to which the induration may proceed, and you may have every intermediate change.—The change in question may either occupy the whole diameter of the urethra, producing a circular contraction, or it may occupy only one portion. The *circular stricture* is the more common, it may be confined to one spot of the urethra, and appear just as if a piece of packthread had been tied round the canal; or the change may occupy a considerable extent, sometimes half an inch or more. Sometimes you have changes of the canal of this sort, at short distances, with the intervening portions tolerably healthy, that is, you may have one stricture or more than one.

You will find, on examining specimens of stric-

ture, that the change is not confined simply to the smooth membrane which forms the lining of the canal, but that it extends to the textures which surround this membrane externally; thus in the bulb of the urethra, or in that part which is surrounded by the corpus spongiosum, in the case of a stricture of long standing, you will find that the latter will be completely condensed and the cells obliterated; and very frequently you have a similar obliteration of the cells, extending to a considerable distance around the immediate seat of contraction. The seat of stricture is different in different instances; most frequently it is in the membranous part of the urethra, and especially at the point where the membranous portion joins the bulb. This which I now exhibit, is a cast of the urethra; the part which swells out here is the bulb, so that there is a natural contraction between the membranous part of the bulb, and this is where stricture is most frequently formed. This cast will show that the dimensions of the urethra are not one and the same throughout. Now you frequently meet with stricture anterior to this situation; but when you do so, you generally find, that with the anterior stricture there is also a contraction in the situation I have mentioned. You may have one or two strictures in the anterior part of the urethra, and also a stricture at the bulb. It is not very common to have stricture towards the orifice of the urethra, or at least it is much less common there than in the situation I have mentioned. When stricture occurs towards the orifice of the urethra, the patient generally experiences very considerable inconvenience from it, because in this case the whole of the length of the passage situated behind the stricture is exposed to the inconvenience produced by the obstacle to the passing of the urine; the stricture that is situated behind this anterior portion is less liable to irritation, therefore you are not surprised to find, that a stricture in the anterior part of the urethra (which is more near the sentient part of the organ) is more painful, and induces symptoms more considerable in comparison, than a stricture which is situated where it is more frequently formed.—*Causes*: The causes of stricture include all circumstances that are capable of exciting inflammation in the mucous membrane of the urethra; and of those, undoubtedly the most frequent is gonorrhoeal inflammation. *Symptoms*: The symptoms of stricture, more especially in its earlier stage, are merely the effects which it produces in the act of expelling the urine. The membrane of the urethra is not a part of great sensibility, therefore the changes which produce a stricture in the male urinary canal, do not excite of themselves any serious symptoms, such as pain, or anything of that kind. The stream of urine is diminished in consequence of the narrowing of the canal; it may be diminished, so as to be not larger than a crow-quill, or it may even be reduced to a still smaller size. The stream of urine, in fact, may be interrupted entirely, so that the patient can only void it by drops. The patient experiences a more frequent desire than natural to expel the contents of the bladder; this no doubt arises from some degree of inflammation communicating from the stricture, the mucous membrane of the bladder occasioning the bladder to contract, when it contains a small quantity of urine.—*Treatment*: The treatment of stricture may consist either in the employment of those general measures which are calculated to lessen inflammation, or in the application of means which may act directly upon the strictured part of the canal. I need not repeat to you the measures that are necessary to be employed in order to reduce inflammation, when such are indicated by the symptoms; and I may therefore proceed to consider the means that are necessary to be applied to the strictured part of the urethra itself. These means consist, then, either in such as are calculated *mechanically* to enlarge the contracted part of the urethra, or in those which have the effect of destroying, by their escharotic properties, the diseased portion of the canal. When I speak of mechanically dilating the contracted portion of the urethra, I merely use that expression in order to denote to you the employment of instruments which act simply in a mechanical way on the urethra, and have no stimulating properties. We can hardly suppose that the stricture is en-

larged simply in the mechanical manner in which we may enlarge an opening in any dead matter; although the introduction of instruments at the moment enlarges the part, and is found to relieve the symptoms and ultimately to remove the contraction, we cannot entertain a doubt that this is produced by a change in the organ—a change of the part effected—a vital proceeding, and not one which is merely mechanical. For this purpose, instruments of various kinds have been employed. In the first place we use *bougies*; bougie is a French term which means a *wax candle*, or taper. The ordinary bougies are made of linen, spread with resin or plaster, or other things of that sort, which are hard when cold, but when warm become soft. When they are introduced into the body, they become soft, and will consequently take the direction of the canal into which they are introduced. The inconvenience consequent on this kind of thing is, that their softness, when they become heated, occasions them to stick in some part of their way through the urethra, so that they do not pass so readily as substances of a permanently hard and polished nature. When the instrument curves too, it becomes more or less irregular in its shape, and hence some further degree of difficulty arises to its passing along the urethra. For these reasons the employment of plaster bougies is not so good as that of metallic instruments; hence we generally restrict them to those cases which require small bougies, and where plaster bougies, from their inclination to adapt themselves to the stricture of the canal, are employed from necessity. I need hardly observe to you, that in the introduction of these or of any other instruments, the surface should be well smeared over with oil, or some other greasy substance, to render the passage along the canal more easy. Bougies are sometimes made of elastic *gum*; these are flexible, and in consequence of their elasticity, recover their figure, so that in most cases they are not so good as the plaster bougies. Bougies are sometimes made of *cat-gut*; these, however, are very rough, they are very liable to wound the tender surface of the urethra, and therefore are not fit for introduction into the urethra; consequently they are very seldom employed. Then we make use of metallic instruments of different kinds—steel sounds, silver catheters, and so on. An instrument is made with a combination of metals; I do not know exactly its composition, but it has the same degree of polish that steel or silver has, and is much cheaper than a silver instrument of the same size, possessing the convenience of not rusting like steel. Metallic instruments certainly have the advantage of passing much more easily through the urethra than plaster bougies; the surface being perfectly bare, there can be no kind of adhesion of the membrane to it, and the inflexibility of the instrument gives you the power of guiding the point of it in any direction you may wish, and of determining its general direction. In using the plaster bougie, you cannot alter the direction which the point takes; you may introduce it curved or straight, but you must push it on, and you cannot turn it to one side or the other; but you may do either of these with the metallic instruments, and thus you may obtain a much greater power with them than with the plaster bougies; in fact, you will find it much more convenient to employ the former than the latter, and you will often succeed with them when you cannot get the plaster bougies into the bladder. An instrument that is perfectly straight, and at the same time inflexible, can be introduced through the urethra into the bladder. As the urethra, however, is a curved canal, instruments that are bent in conformity to the canal, pass much the more easily; and as the object in the use of metallic instruments, whether catheters, metallic sounds, the staff that is employed in the operation of lithotomy, or any other kind of instrument, is the same—that of introducing it along the canal of the urethra with facility—all the instruments which are designed to be used in the diseased state of the canal, should have the same curve as the healthy canal. Now if you look at a number of these instruments in an instrument-maker's shop, you will find great difference in them with respect to their curves, a dif-

ference for which there is no good reason. A catheter, sound, or staff, should each have the same curve, if the object be to pass it through the canal with the greatest ease to the patient. This is a kind of curve which I now show you very commonly seen in sounds and staves; but the curve that I find most convenient for all these instruments, is the one I now show you, and in which the curved portion of the instrument forms a portion of a much smaller circle than that which is seen in instruments of the ordinary kind. Upon putting this on paper, and drawing a line round it, it seems to me that the curvature here is that of a circle of four inches in diameter, which I should describe to be the degree of curvature necessary in an instrument that will pass into the bladder with the greatest ease.

In introducing this solid metallic instrument into the bladder, the most convenient mode of proceeding is, to place the concavity of the instrument towards the abdomen of the patient, although you may introduce it with the concavity towards the pubis; or you may introduce it laterally, with the concavity towards one side or the other. In introducing the instrument thus, with the convexity towards the abdomen of the patient, you carry it in a straight direction downwards, with the handle of the instrument inclined towards the abdomen, till it has passed through the straight part of the urethra down to that part which is just below the pubis. Now then, pushing it straight on, with the same kind of motion with which you have brought it to this situation, you find that it will not pass; you come to the point where the urethra bends, and then, as it bends backwards and upwards, you accommodate the course of the instrument by carrying the handle of it forwards and downwards, and thus you make the point of the instrument rise through the curved part of the urethra, and enter the bladder. If you use an instrument with the curve I have mentioned, and introduce it gently in this way, the urethra being in a healthy state, you will find that by merely getting to the upper part of the urethra, it will fall into the bladder by its own weight; in many cases, you hardly want to guide the instrument at all; the instrument being in the curve of the canal, you simply carry the handle backwards, and then leaving it to its own weight, it will fall into the bladder, if there be no impediment from stricture or disease; this is the clearest proof that such an instrument is well adapted for introduction into the bladder. I think it expedient, in the introduction of all instruments of this kind, to let them pass very gently, and to let them find their way slowly into the bladder, although that may not be considered the most dexterous way of introducing them. You will sometimes see persons introduce an instrument into the bladder almost as if they were performing an act of legerdemain—pop it down, pop it out, and pop it in again; it looks more clever if you do it in that way, but then, if you do not happen to *pop* it in just in the right manner, you hurt the patient, perhaps, confoundedly; at all events, I should like a surgeon in operating upon me, to do it gently, and not to give it the pop; and, therefore, I follow the rule of doing it gently and cautiously. In the introduction of the catheter, you, in the first place, select such an instrument as you think will probably pass into the bladder; oil it well, and then introduce it into the orifice of the urethra; you come to a point where it may be stopped, you allow it to rest for a little; you apply, perhaps, a very slight degree of pressure, and still, perhaps, you find it will not pass; keep it in a short time, and then take it out; then pass one in of a smaller size, and in this way find out what degree of instrument the urethra will admit. Having made the discovery, you introduce the bougie or sound down to the stricture; perhaps, you will find it pass gently through it into the bladder, or you will find the point stop for a minute or two, and with a very little force find its way into the bladder; after thus introducing it, you may leave it for a short time, and then withdraw it. You repeat the introduction of the instrument in three, or four, or five days, and increase the size gradually. You will find by introducing it thus, that the strictured portion enlarges, and that you can

pass an instrument of a larger and a larger size, until, continuing to do so, the urethra is capable of receiving a full-sized instrument. And here you will naturally ask, What is the full size of an instrument of this description? I do not know whether this is considered a full-sized catheter or not, but I suppose it is. The largest point of the urethra, as you will see by this specimen, is perhaps a little less than the end of my little-finger; and I believe we may say in round numbers, that a full-sized urethra—a urethra of the natural size—will admit a bougie or metallic instrument, which is about a *third* of an inch in diameter. I may observe to you that it is not necessary in all cases to go on enlarging the instruments until you can introduce one of the size I have now shown. A patient may be able to void his urine with perfect ease, he may be subject to nothing that can be called disease of the urethra, although the canal will not admit an instrument so large as this. Some surgeons, with respect to the use of bougies in stricture of the urethra, seem to proceed upon a supposition that it is necessary and advantageous to introduce the largest instrument that can be made to pass, to let it remain as long, and to repeat it as often, as possible. I consider that these three notions are quite wrong. It would be almost safer to act on notions totally the reverse. In the treatment of this complaint you must not fix your attention exclusively on the mere circumstances of stricture and narrowing of the canal, and on the idea of enlarging it by the mechanical use of instruments. You must recollect that inflammation has been the cause of the disease, and that a continuance of inflammation will maintain, or will aggravate, the induration and thickening on which the disease essentially depends; therefore, the primary indication in the treatment of stricture is to remove inflammation. You must recollect that the use of instruments, and the application of caustic, are themselves capable of exciting inflammation in a healthy urethra, and consequently that they are very capable of aggravating inflammation in a urethra already inflamed—capable of increasing the stricture and inducing retention of urine. You must, therefore, in all these cases, proceed gently in the means you adopt. Introduce instruments gently; do not forcibly enlarge the stricture, nor repeat the passage of the instrument more than once in three or four days generally; and in cases of an aggravated kind, where the stricture is considerable, where it has already lasted for a long time, where you find that by using instruments of a larger size you only produce inflammation and aggravate the symptoms without enlarging the dimensions of the canal, if the patient be able to pass the urine with tolerable facility, if he do not suffer any material inconvenience, leave the urethra quiet, and do not irritate it by the introduction of instruments at all. You will find it better to abstain in such a case from all such sources of mechanical irritation, than to persist in attempts at enlarging the urethra, which you really cannot accomplish. I attended for several years an elderly gentleman who had been the subject of stricture for a great length of time—so long, indeed, that, originally, he was a patient of Mr. Bromfield, a surgeon of St. George's Hospital two or three generations ago. This patient could only admit an instrument of very small size. In consequence of living a not very regular life, he experienced considerable suffering from a state approaching to retention of urine which I occasionally relieved. I was anxious to enlarge the stricture that he might not continue to suffer from it, and I made frequent attempts by the introduction of instruments, but I always found that these increased the difficulty of passing his urine. He was himself anxious to have his urethra enlarged in size, and thus I went on for a long time trying to accomplish the object. It happened, however, on one occasion when he had suffered considerably, and a retention of urine was almost induced, and it was necessary to leave off the use of instruments for some time, and on calling on him again, I found him better; I then told him he had better not have the instrument on that occasion introduced, for I thought it would be better to wait a little; he did so, and on calling again to see him, I found him so much better, that I was led to leave off the use of instru-

ments altogether. For the last two or three years of this gentleman's life, therefore, I did not introduce any instrument at all, and he was during that time much better than when he was in the habit of having them introduced frequently. There are several cases of this kind (cases of long established disease of the urethra) in which it is best for a patient, if he have the power of voiding his urine with tolerable facility, to be contented with his lot, and not to have the parts irritated by the employment of the means I have mentioned.—It is necessary for you to be on your guard in the use of instruments of a small size, whether they are bougies or metallic instruments, for the points of such instruments may pass into the openings of the mucous lacunæ of the urethra, or become entangled in the soft surface of the mucous membrane, and thus you may be led to suppose that disease exists where there is no morbid condition of the urethra whatever. Thus it frequently happens too that a small instrument will not pass into the urethra, though you can introduce one of a greater size, and it has happened to me several times to meet with patients who have been under great alarm, from having, as they supposed, the greatest possible stricture, from the fact, that the smallest instrument would not pass into the bladder, while I have found an instrument of full size pass at once with perfect ease.

FROM MR. HOWSHIP'S 'PRACTICAL REMARKS ON THE DISORGANIZATION AND APPEARANCES OF SURGICAL DISEASE.'

Concluded from our last.

THE importance of the two remaining cases, as affording the materials for a clear diagnosis in this formidable disease, and also as demonstrating the principles in treatment that should be regarded, and may prove successful, will I trust render them interesting.

Ramollissement of the Brain.—Mr. F., 50, a gentleman in the law, long subject to uneasy feelings in the head, had to visit Chester. Anxious occupation through the preceding week, in considering and arranging the various causes for trial, had made him much worse; and when in court, in the midst of his duties, he fainted outright, sunk down completely powerless, and slightly convulsed, yet conscious, hearing all that was said, although unable to speak. Dr. Thackery saw him, and directed aperients, spare diet, and quietude. A relative went down, brought him to London, and I found him complaining of frequent returns of violent shootings through the right temple, and faintings; also a sense of numbness all through the right side, with sandy feelings in the hands and feet. Dr. Hooper visited him with me; his bowels were kept freely cleared, which, with an occasional gentle opiate at night, light diet, and the most perfect quietude, were beneficial. The fainting fits and feelings of exhaustion became less frequent and less severe. The pulse, never excited, was now soft and small, at sixty. The strength and power in the limbs, in the course of a month, much improved; and the preceding distortion of the features and closing of the left eyelid, had quite disappeared. He still walked with a stiff and awkward gait, the soles of his feet not seeming to himself to feel the floor; and so weak, that one morning he fainted on the night-chair, and being alone, fell to the ground.—As to the previous affection of sight, he told me, first came the double sight, then the sickness without vomiting, and then the fainting in court. The double sight was not strictly so, but a multiplying of one object to many. Or, if he took a pen and put it down on the paper, it was placed half an inch away from where he intended; and when he had written, he found it was in the wrong place. He observed there was the same error in kind now, only much diminished in degree. There was also a little flickering in the sight still; but otherwise he felt quite as well, and even better now, than before he left town.—For many subsequent weeks, this gentleman was directed the vinum ferri, the shower bath, a nutritious diet, and wine; the bowels being constantly attended to. Under this plan, he so far recovered as entirely to lose all his complaints, except that he had still a very slight sense

of occasional sandiness in his hands, a peculiarity in feeling which remained so late as six years subsequent to the attack.

Ramollissement of the Brain, relieved and cured by Tonics.—The Reverend Mr. L., 37, was laid up in November with weariness and pains in the loins, limbs, and bones, as from cold, with excessive debility. He gradually declined into so irritable a state, that he could scarcely endure a person moving on tip-toe across the room; and was in fact nearly insane from extreme excitement; and his own feelings of extreme exhaustion of the nervous system was the principal feature in his complaint. During the whole illness, he had the greatest difficulty in obtaining sleep, and when he did doze off, his repose was invariably disturbed. Starting or jumping, or in his sleep kicking violently, with the belief, between asleep and awake, that beetles, spiders, or snakes were crawling or twisting about his legs, and that he wanted to shake them off.—One night he awoke so excessively ill, that his family and himself were sure that he was dying; the exhaustion was such as could not be described; he could scarcely speak, or even breathe, and yet was perfectly sensible, and with perfect power to move the limbs, only so inexpressibly low and languid. The most delicate impression of sound or light was absolutely insupportable. He compared the impression to electricity, or to a dagger suddenly darted through his body. The door of his apartment gently opened, the lightest footfall, or the most gentle ray of light reaching his eye, alike overpowered him; he would instantly fall into the most violent flood of tears.—For several months prior to this attack, he observed, the mental machine might be said to have been constantly working under high pressure; for besides all the anxiety and study connected with his regular professional duties, he had the incessant care of directing and arranging every provision for a large dwelling-house and gardens, then building and finishing, in the country; so that when in bed he was so full of thought that he had not the power to sleep, or if in a chair he got a nap, he was sure to start up in a fright.—During the illness, by which he was confined four months, I constantly directed him to take strong beef-tea, port wine, and nourishment, mutton chops, and so on; and although everything taken appeared to be properly and perfectly digested, he still sunk so rapidly in power, that for some time there was scarcely any hope of his recovery. One evening especially, he suddenly sunk back on the sofa, his pulse fluttered, intermitted, stopped, and then moved again. He took two glasses of port wine without any perceptible effect, it seemed to have no power to rouse him; he then had a mutton chop given to him, and a glass of porter; and even with all this it was much doubted if he would eventually rally.—Tea being found certainly to favour these attacks, he was directed strong coffee, or cocoa, instead. When the decoction and tincture of bark, with the sulphate of quinine, were at length evidently assisting him, he said he was decidedly better, and now only wanted his nights improved. Other preparations having been previously used, I ordered extr. sarsap. three grains, extr. papav. one grain, in a pill, to be taken at bed-time, and repeated if necessary. This he said operated like a charm. He slept well, awoke undisturbed by his usual horrors, and infinitely refreshed; and from this time improved rapidly. The pill was continued some weeks, and the vinum ferri some months; his bark being taken in the morning, and his steel at noon.—Throughout the whole of this distressing and alarming illness, the weak pulse was often as low as 45 or 50, rarely so high as 60. Previous to his illness it was at 70; and twelve months subsequent to his recovery, was at 80.

MEDICAL OBITUARY.

On Monday, the 3rd inst., at his residence, in St. Paul's-square, Southsea, Portsmouth, Dr. Seeds, aged 86, and brother to the late Richard Seeds, Esq., of this town, and the Senior Surgeon in the Navy, on the active list. The deceased was Surgeon of the *Cæsar*, in the action on the 1st of June. On the 22nd inst., at his house, Saville Row, in his 60th year, John Howship, Esq.

**INTRODUCTORY LECTURE TO THE SECOND
DIVISION OF THE ANATOMICAL SESSION
1840-41.***

Delivered at the Charlotte Street School of Medicine. By G. D.
DERMOTT, Esq., Lecturer on Anatomy and Surgery.

GENTLEMEN,—It is rather unique for a teacher to give an introductory lecture at the commencement of the second division of the winter session, but there are some who have just entered upon their studies, and it is as necessary that those gentlemen should have presented to their view an outline of the general structure of the animal frame—should be made acquainted with their exact relative position—should be told what they have to do, and what they have to avoid—as it was to inform those who commenced their studies in October. I have, therefore, shown a precedent which I intend hereafter to follow, and perhaps may be followed by other teachers.

You all know that the whole creation is divided into organic and inorganic matter. The forms of substances belonging to these two worlds are in their character very different. When at rest, inorganic substances are represented by angles and right lines, as in crystals; at other times in shapeless masses, as in simple aggregates, or in the form of fluids, or they may be made to assume forms determined by mechanical art.

The form of the living body, on the contrary, is determined, both in animals and vegetables, by curved lines, the single curve prevailing in the outline of the various parts of plants, the double curve in those of animals, in which latter the round or undulated form predominates. In other words, the general form of the animal body approaches to the globular, with radii or extremities, whilst the vegetables exhibit a greater tendency to ramification.

The substance of inorganic bodies is homogeneous; they are as complete in separate portions as in collective masses; as for instance, one part of a metal, or a mineral, or a piece of iron does not differ in its composition from another part, but the minutest portion of it is the same in its nature as the aggregate.

Organised substances, on the other hand, are heterogeneous in their various parts; that is, the different structures differ individually from each other, almost to an endless degree, in their chemical composition.

One thing that I must particularly impress upon your minds is, that all organic matter, both animal and vegetable, is made up of elementary globules. This *organic globule* has been detected in the blood, in the sap of vegetables, in the brain, in muscle, in nerve, and in glands; but no such elementary globule exists in the inorganic world. Sir Everard Home most especially directed the attention of students and others to this elementary globule existing in the fibres of the brain and nerves, when he used to deliver his twelve annual lectures at St. George's Hospital; but whether this discovery was original on his part, or whether he may have received a hint from those manuscripts of John Hunter, which were *not* accidentally lost, I will not take upon myself to say, nor can, I presume, any other person decide that point.

The broadest distinction between the organic and inorganic world exists in the very different kind of laws which govern the two—the physico-chemical pervading space, and including within the range of their operation the universe at large; the vital which hold their dominion over animals and plants. The chemical composition of inorganic bodies is more simple than that of organic. In organic, the atoms or

chemical components are put together and kept together by the agency of vitality. In the inorganic world the compounds are formed by the general laws of chemical affinity; whilst in the organic, the compounds are generally the opposites that would have originated under the governance of those laws.

Time obliges me at present to waive stating the chemical composition of the different structures, and the principal animal compounds which the chemical elements form; this shall claim our consideration at future periods of the Course, when I am treating of the structures individually. I shall only just now observe, introductorily, that the immediate principles of vegetables are mostly *ternary* compounds, composed of carbon, hydrogen, and oxygen; whilst those of animals are generally *quarternary*, nitrogen being added.

In the next place, as to the **ELEMENTARY STRUCTURES**. You know that Haller lays it down that there are three elementary structures, and this seems pretty nearly the truth. First, cellular membrane; this may perhaps be said to be omnipresent in the animal frame, existing in the form of a loose, white, fleecy, reticulated tissue, connecting together the various muscles as you see in the shambles; and we are told by many acknowledged authorities that it exists in form of various modifications and different degrees of density, constituting serous membrane, synovial membrane, pia mater, pleura, peritoneum; all those called fibrous but non-muscular structures; periosteum, including the various ligaments and tendons; and that the same structural element constitutes the delicate tunica vasculosa retinae and the tendo-achillis. We may also conceive it to be the structural basis of mucous membranes.

The second great structural element, according to Haller, is muscular fibre. I can say nothing about it at present, any more than that its basis is the fibrin of the blood, and that it possesses the peculiar vital property of contractility. I feel perfectly convinced that where there is contractility there is muscular fibre, and where there is muscular fibre there is contractility. I will not deny it to the arteries, veins, absorbents, any more than to the heart itself. The various phenomena connected with the circulation cannot be accounted for upon the score of mere elasticity, nor without acknowledging the muscularity of those structures.

The third great structural element of Haller is nervous fibre, and the modification of vitality developed in it is termed, for sake of convenience, the nervous fluid, influence, or vis nervia. I must also leave the consideration of this structure to lectures which shall be appropriated for the purpose, and only observe that some individuals have been very laborious indeed in making experiments upon the nerves, and have jumped to the most extravagant conclusion that the nervous fluid is identical with the electric or galvanic, whereas all the experiments of Dr. Wilson Philip, and others, only prove that electricity is a strong organic stimulant—nothing else; and in no case of asphyxia produced by submersion or hanging, have I known it to do any good—it has certainly done this, it has rapidly exhausted the dying susceptibility of the frame.

I now direct your attention to the phenomena of nutrition, as peculiar to organic life both in animals and vegetables, but more especially in the former. This would implicate the consideration of two sets of vessels, the sanguiferous, and (did time permit) the absorbent; also the development or growth of animals, their maturity, their decay and death; together with some of the distinguishing characteristic properties of vitality.

You know that unorganized bodies, such as crystals, commence with a central nucleus, and are enlarged by deposition of layers or particles from the centre towards their circumference. The organized bodies, on the other hand, of the animal kingdom, as the effect of the specific agency of vitality, grow by a process the reverse of this. The development of each part taken singly, and of the body in the aggregate, begins at the circumference, and extends towards the centre. Thus the lateral parts of the cranium are first formed by the ossification spreading from the sides towards the median line. The same observation applies to the individual vertebrae, and to the spinal column at large, as well as to the spinal marrow in that spinal column. Thus spinal marrow or cord, when first discernible, consists of two lamellae or bands separated by a slight interval; these soon unite in front, so as to form a groove posteriorly, and finally they unite behind, constituting a cylindrical tube, which is gradually filled up by a series of lamellae, deposited one within the other. The lateral masses of the brain, when first deposited, are quite distinct from each other, sprouting upwards like a cauliflower excrescence of the spinal marrow. As the process of growth extends, however, towards the median cerebral line, the corpus callosum, the raphe, the commissura anterior, posterior, and mollis, are developed. This growth of the various parts is the immediate effect of the vital action of the sanguiferous system, the vessels of which are constantly depositing. One of the most astonishing powers which the vital principle possesses is, that of *creating or making for itself, vessels*. Soon after conception, the embryo is in the form of a gelatinous vesicle; it soon assumes a determined form, the exterior being that which is first defined. It is found to be invested in two membranes, the *chorion* and the *amnion*; and the *vesicula umbilicalis*, a minute membranous sac placed between them, has vascularity generated in its substance, and sends off a process of vascularity, which, entering the body of the foetus, joins the vena porta. This vascular connexion between the umbilical vesicle and the vena porta of the foetus is termed the *omphalo-mesenteric vein*. After this vascularity has so shot upwards into the foetus, an auricle and a ventricle is developed, and then branching off from that ventricle, we have the aorta. We subsequently have the omphalo-mesenteric vein supplanted by the placenta and the umbilical cord; and we have vessels, and the right side of the heart subsequently superadded, when the true foetal circulation becomes regularly established. Now this, as Hunter has beautifully shown, is precisely analogous to what takes place in the yolk of the egg; the membrane investing this yolk is, ex-officio, the umbilical vesicle, sending vessels into and through the yolk, which develop the vascular system of the chick, in the same manner as the vascular system in the human embryo, is developed. And it seems that in both instances the stimulus which rouses the vital principle into action, so as to develop these vessels, is the heat communicated from the mother. This development of vessels during gestation and incubation, is analogous to the generation of vessels in coagulable lymph, in case of a recent wound. You have the lymph coagulating between the sides of the latter, and vessels prolonged into the lymph from the contiguous parts, so that the continuity of vascularity between the opposed sides of the wound becomes re-established. The organic adhesions between the opposed sides of the pleura and peritoneum, the effect of pleuritis and peritonitis are formed in an analogous manner.

(To be continued.)

* Our limits prevent us giving the whole of this Lecture the present week, the delivery of which took upwards of two hours.—Ed.

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MEDICAL TIMES

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THE MEDICAL TIMES.

MEDICAL REFORM BILLS.

It was our intention, this week, to enter deeply into an analytical dissection of Mr. Benjamin Hawes' Bill; but the magnitude and importance of the subject, at so short a notice, with the press of important scientific matter, has compelled us to postpone our observations until next week. In the meantime, we entreat our readers carefully to peruse *its various provisions*, in order that they may be able to judge whether the strictures which we feel ourselves compelled to pass upon it are correct or not. We have the *general good* of the whole medical profession at heart, and, therefore, will not pass over *lightly* an instrument calculated to revolutionize the Practice of Medicine in these kingdoms, and intended as we now clearly perceive, to *injure*, perhaps *RUIN*, thousands of its professors. Having *carefully perused* the Bill in question, we feel no reluctance in avowing that our opinions are very much changed, from what they were when it was sent to us by its author. These opinions, Mr. Hawes shall have the benefit of, in our next number.—Reform is certainly wanting,—

To put down Quackery;
To educate medical men;
To protect their *true* interests, and
To destroy monopoly;—

but we do not desire to see political Quacks in the guise of *Reformers*, using their Parliamentary position and interest for the purpose of getting up a whole *war-establishment* of sinecures and worthless offices, to be filled by themselves, their relatives and friends, and to be paid by the expensively-educated, the ill-remunerated, and hard-working Medical Practitioners of England, Scotland, and Ireland. Few persons appear to understand the great and important question of Medical Reform:—if we cannot throw *much* light upon it, we shall at least be *honest* in the view, which we shall present of it, to our readers.

INQUEST EXTRAORDINARY NEAR WINDSOR BARRACKS.

WE copy the following account *verbatim* from the *Times* newspaper, of Thursday, the 21st instant, and shall conclude with a few remarks on the evidence of the witnesses, which evidence appears to us (if the report of the inquest be *correct*) to require further elucidation, in order to enable the Profession and the Public to judge accurately of the *real* circumstances under which the unfortunate girl in question lost her life. The case is a most interesting one, inasmuch as it at least proves the negligent and careless manner in which medicines are too often dispensed to the poor from public establishments.

"Yesterday morning an inquiry took place at Dowsett's Beer-house, near the Windsor cavalry barracks, at Spittal, before Mr. J. May, one of the coroners for the county of Berks, into the cause of the death of Letitia Friday, a fine young girl, only 16 years of age, the daughter of a person employed at Flemish Farm, in the Great Park, who died on Friday last, in consequence of cantharides ointment having been administered to her by mistake for sulphur ointment by the hospital sergeant engaged to dispense the drugs at the Infantry Hospital at Spittal. The death of the unfortunate subject of the inquiry created the greatest interest throughout the neighbourhood, and several of the resident gentry and officers of the 60th Rifles were present.—The first witness examined, was Lucy Friday, the mother of the deceased, who deposed as follows:—My daughter was in service in London, but having been seized with a skin disease, she returned home about two months ago. Finding her get worse, I applied to Dr. Ferguson of Windsor, who gave me a prescription; but, being too poor to purchase the medicine, I applied to the Infantry Hospital, in the hope of getting it there for nothing. I there had some given to me according to the prescription. My daughter went a second time for some more, and then I went again. At this time my daughter was getting better. On Sunday, the 10th inst., I went again, and the hospital sergeant gave me ointment, as before, but I observed it was of a darker colour. This I rubbed all over her body, as I had done with the former ointment. Shortly afterwards, deceased was seized with the most violent and excruciating pains, and appeared in the greatest agony. I immediately got some flannel and some soap and water, and washed off all the ointment as well as I could, but in doing so all the skin came off at the same time. She remained the whole night in a dreadful state. The next morning I sent the remains of the ointment to the hospital, to see what had been given to her, and I then went to Mr. Soley, surgeon, of Windsor. From the hospital they sent a cooling salve instead. Mr. Soley attended her until her death, which took place on Friday last. I had been before to Mr. Soley, who advised me to get some sulphur and hog's lard, and apply that, but I did not get it, because it would cost money, and I thought I could get it at the hospital for nothing.—The Coroner and Jury observed, that all the mischief which had ensued would have been avoided if the mother

had attended to Mr. Soley's advice.—Mr. T. A. Soley, surgeon, Windsor, was then sworn. He stated, that on Friday se'nnight he was called to see the deceased, whom he found to be labouring under inveterate itch, and he prescribed accordingly. On the Monday following he was again called upon by the last witness, and upon attending the deceased he found her dangerously ill, blistered all over most dreadfully, and evidently labouring under the effects of the poison of cantharides. Witness attended her until her death, which was caused by the absorption of cantharides into the system. The mother showed witness the remains of the ointment, when he at once perceived it was blister, instead of the usual sulphur ointment.—Mr. Hugh Frazer, surgeon in the 60th Rifles, stationed at Windsor, upon being sworn, said, for his own sake he was most anxious to give every explanation in his power. He had no hand in the death of the unfortunate girl, which was entirely caused by the negligence of the hospital sergeant. He then deposed that some time ago the deceased called upon him with a prescription for the cure of a disease of the skin, observing that she could not afford to pay for the medicine being made up at the shops. As she appeared to be a modest, well-conducted poor person, he prescribed for her, and desired the hospital sergeant to make up the necessary medicines; but, as some of the medicines she required were not in the hospital, he told the sergeant to go and purchase them, and charge them to his (witness's) private account. She returned and had a second supply, and on the third occasion he examined her more minutely, when he found she was suffering from an inveterate itch. He advised her to keep her bed for two or three days, and desired the hospital sergeant (Lindell) to give her the usual itch ointment. When she called a fourth time, deceased said she was a great deal better; but upon again minutely examining her, he found the disorder was not entirely removed. Witness then ordered Lindell to give her a large pot of the same ointment as before, and he had heard nothing more of her until informed of her death.—The Coroner and Jury here complimented Surgeon Frazer upon the kind and charitable feeling he had evinced towards the deceased.—Jonathan Lindell, a sergeant in the 60th Rifles, and employed as hospital sergeant, was then examined. He said that he had always given the medicines as ordered, and as to the ointment in question, he had, to the best of his knowledge, given the same as he had done previously. He had acted according to the orders of Dr. Frazer, as far as he could swear. When the mother of the deceased brought to him the remains of the ointment on Monday morning, he could not tell what it was, so he threw it away.—Mr. Frazer here produced two boxes, each containing the two different ointments, and he pressed the sergeant to point out which he gave the last time, and to say why he did not report to him when complaint was made on Monday by the deceased's mother, as it was his duty to do. Witness said he could not tell what ointment it was the woman brought back; and he did not conceive, as he knew nothing of the girl or her family, that the case was one which required to be reported to the doctor. The blister ointment was always kept under lock and key, apart from the sulphur ointment, which was kept open. He had no recollection of having, about that period, had occasion to use the blister ointment, so that it had been left out near the sulphur ointment, and thus caused the mistake. The two jars were certainly alike in appearance. The witness then expressed his deep regret at the lamentable event which had occurred.

"The Coroner then addressed the Jury. He could but imagine that the blister ointment had been given by mistake, and had probably been left out, and not locked up. It was quite clear there had been a most fatal mistake, but there was no evidence to show in what manner that mistake arose. The Foreman of the Jury observed, there was no doubt about a mistake having been committed, that it was unintentional, and that no wilfulness could be attributed to the witness (Lindell). The Jury, having been a short time in consultation, came to the decision that the death of Letitia Friday was occasioned by the application of blister

ointment by mistake for the usual sulphur ointment for the cure of the itch."

We find from the above, that cantharides ointment was *administered* by mistake, instead of sulphur ointment, to a *fine young girl of 16*, by Sergeant Lindell, the dispenser of drugs at the Infantry Hospital at Spittal; and that her death, in consequence, had created the *greatest interest* throughout the neighbourhood; also that several of the resident gentry and military officers *were present* at the inquest on her body. We are quite willing to believe that the word "*administered*" may have been used ignorantly or mistakenly by the reporter, seeing that all ointments are applied externally, and are never administered by the mouth or in the form of enema; but the words "*Catharides—fine young girl of 16, and greatest interest amongst gentry and officers,*" form an association of ideas of no ordinary kind in the mind of the reader; ideas, indeed, which we should be glad to see dispelled by the evidence: instead of this, however, we find the evidence full of discrepancies, which were neither corrected nor noticed by the coroner or his jury.—The girl's mother stated that she had *Dr. Ferguson's prescription made up* at the Infantry Hospital, *gratis*; her words are, "I there had some (medicine) given to me *according to the prescripition*."—Mr. Frazer, the hospital surgeon, however, states differently; he says that the girl, *herself*, called upon him with the prescription; and that, appearing *poor and modest* he *prescribed* for her, and desired the hospital sergeant to make up the necessary medicines.—What means this discrepancy? If Dr. Ferguson's medicines were made up, what occasion had Mr. Frazer to prescribe for the girl? It seems that both medical men considered her to be affected with a "skin" or cutaneous disease; and, doubtless, prescribed for her accordingly; but Mr. Frazer was requested to *make up* Dr. Ferguson's prescription, not to give a *new* one; and, if he did, what became of the *old* one? Why was it not produced in court? and why was not Dr. Ferguson, himself, examined? We should like to have explained to us why Mr. Frazer repudiated Dr. Ferguson's prescription, or substituted his own in its stead? Surely the medical knowledge of the latter was equal to the cure of psora; therefore, why alter it, or substitute anything else in its stead? This ought to have been accounted for, at least by some explanation to the coroner and jury, on the part of Mr. Frazer; but considering the importance of the case, and the "interest excited among the gentry and officers," Dr. Ferguson ought to have been there, to give testimony as to the *disease* of the girl, and the *medicines* which he, himself, had ordered. It does not appear, however, that he was *at all* present at the inquest.

Mr. Frazer further states, that "*some of the medicines which she required not being in the hospital, he told the sergeant to purchase, and charge them to his private account*;" this was doubtless most kind on the part of Mr. Frazer, as the compliments paid him by the coroner and jury would attest; but this compliment to his benevolence ought to have been qualified by a smart rap on the knuckles, for his negligence in not having previously warned the apothecary-general, or some one belonging to the medical commissariat, that his regimental hospital was minus so important an article as a few pounds of the unguentum sulphuris. What! are we to be told that five, six, or eight hundred men, having a surgeon, an assistant-surgeon, and an hospital-sergeant, to attend them, are so deficient in their appointments for the sick, as that if the sulphur ointment pot be empty, the same could not be replenished with

a pound or two of hog's lard, half a pound of sulphur, and a few drops of the oil of cloves and bergamot, at the trifling cost of a couple of shillings? Out upon such nonsense!

It would seem, however, that the above expression "*some of the medicines*" is entirely superfluous, and possibly inserted by the reporter to enhance the interest and value of his report, or the benevolence of Mr. Frazer; for we find that on her return to the hospital the second, third, and fourth time, Mr. Frazer merely "*desired the hospital-sergeant, Lindell, to give her the usual itch ointment*." Mr. Frazer's "*private account*," therefore, could not be much swelled by the necessities of this poor girl, as *one medicament only*, the unguentum sulphuris, appears to have been prescribed throughout. We should not have made such minute, or perhaps ungracious observations on the small value of the medicines in question, nor on Mr. Frazer's charity, did we not reverence the sacred injunction, "*not to permit the left-hand to know what the right-hand doeth*," in works of piety. It was, perhaps, necessary for Mr. Frazer to make the statement, and we do not by any means question its veracity; but, in the report, it is made a matter of more consequence than it deserves, considering the grave importance of the inquiry by the jury as to the negligence, mismanagement, or other cause by which this poor girl's existence was so miserably terminated.

According to the report, it appears that on the girl's *third* and fourth visits, Mr. Frazer "*examined her more minutely*, and found that she was suffering from *inveterate itch*."—The deuce he did!—Did he not know this, then, before?—Is psora so difficult to distinguish from other cutaneous disorders?—Why, there is not an old woman in the three kingdoms that does not know it at first sight. Here, however, are *two Scotch Doctors* (as the names of Frazer and Ferguson would indicate) who, if the reporter be correct, and Mr. Hugh Frazer swear truly, were unable during six whole weeks to find out the poor wench's malady, and that only after a "*minute examination*!"—Why did not this "*minute examination*" take place on the girl's *first* visit, more particularly as Mr. Frazer *prescribed* for her; or rather substituted his own prescription for that of another? Surely he ought to have ascertained the *nature* of her disease before he prescribed a *remedy*; unless he intended to follow the example of the magistrates of Gotham, who first hanged their prisoners, and then examined witnesses as to their guilt!

But this is all sheer nonsense, and possibly the error of some bungling reporter; for, we find by the evidence of the girl's mother, that two months before, she returned from London service with a "*skin*" disease upon her; that she applied to Dr. Ferguson, who gave her a prescription; that she had medicine prepared for her at the Infantry Hospital according to *that* prescription; and that the girl, herself, went the second time, and obtained more of the *same* medicine. Now, mark! Mr. Frazer, himself swears, that on each and all of the four occasions, the *Ung. Sulphuris* was the medicament which he ordered: how, therefore, can he plead ignorance of her disorder; or rather, how is it, that it was not until the *third* visit, and that upon "*minute examination*," that he found "*she was suffering under inveterate itch*?" What was he treating her for, if it was not for itch?—No other Medical Practitioner ever orders his patients to be repeatedly anointed with sulphur ointment, unless it be for the removal of this disease; we cannot therefore imagine that, in the present case, this medicament should have been ordered (if or-

dered) with any other view. As to the expression "*inveterate*," it has little or no weight in our view of this matter; it being a well-known medical axiom, that "*sulphur cures the itch*," however inveterate; that is, if there be a *specific* in the whole Pharmacœpia, it is the application of sulphur externally, and its administration internally, for the certain cure of all cases of psora.

Taking it for granted that Mr. Frazer was fully aware of the nature of the girl's malady from the first, and that he prescribed accordingly, let us now turn to the evidence of Mr. Hospital Sergeant Lindell. That worthy, after bearing ample testimony to his own *regularity* in "*always giving the medicines as ordered*," said, that "*when the mother of the deceased brought to him the remains of the ointment, he could not tell what it was, so he threw it away*!" That "*throwing away*" is a very convenient mode of sinking evidence and avoiding detection, when cases of poisoning or destroying life by other means occur:—we have known instances of "*running away*" prove equally efficacious in saving the bacon of hackney-coachmen and cabmen, when they have run over old women and children in the streets of London. If he "*could not tell what it was*," that was the very reason why he should have carefully preserved it (particularly under the disastrous circumstances) in order to show it to his chief: thus he would have had his ignorance illuminated for the prevention of further mischief to the miserable patients who were compelled to frequent his precious Dispensary. He thought it better, however, to "*throw it away*," and in accordance with that act of *prudence*, when pressed to point out which of two ointments (contained in boxes shown to him by Mr. Frazer in the court) was the one which he had given to the girl or her mother, or which the mother had brought back as the cause of the daughter's death, he declared his entire ignorance. But this was not all: he also declared his *indifference* to the whole matter; by coolly saying to the coroner and twelve or more jurymen, met solemnly to inquire into the cause of death of a fellow-creature.—"*I did not conceive, as I know nothing of the girl or her family, that the case was one which required to be reported to the Doctor*!"—Oh, of course not:—the excruciating agonies and untimely death of a "*fine young woman*" are matters of no consequence; and doubtless Jonathan Lindell will still be retained as Hospital Sergeant of the 60th Rifles. But, quere? whether his comrades,—aye, his *officers*,—may not yet have to rue (if they have not done so already) the tender mercies and kind attentions of this ruthless ruffian.

We now, however, come to a point in this man's evidence, by which the veracity of his whole testimony may be fairly tried. He says that the cantharidian ointment was usually *locked up*:—His words (according to the report) are these: "*The blister ointment was always kept under lock and key, apart from the sulphur ointment, which was kept open*."—We ask, why? This is a regulation which we never before heard of in any laboratory, apothecary's shop, or dispensary, in this or any other country. We certainly know that oxide of arsenic, prussic acid, and perhaps corrosive sublimate, are wisely kept apart from other medicines, in all well-regulated establishments; nay, that the compound tincture of cardamoms, the alcohol, and the syrup of capillaire and roses, are sometimes kept beyond the reach of punch-making apprentices; but we have yet to learn why the unguentum or emplastrum lyttæ, or, indeed, any preparation of Spanish flies, should be *locked up*, or even kept far apart from sul-

phur ointment or any other ointment.—This Military Æsculapius tells us, that “the two jars were certainly alike in appearance.” Astonishing!—Why, if he will take the trouble to walk into any apothecary’s shop in Windsor, or any where else, he will see *two dozen jars so like each other*, that unless he condescend to read their labels or inspect their contents, he will be apt to imagine them brothers and sisters of the same family.—So much for the testimony of a witness, who, after “*throwing away*” the evidence of his own culpability, coolly states, that the death of the victim to his ignorance or negligence is not of sufficient consequence to be reported to his master, and then *dodges* the court which met to inquire into the cause of that death, by telling them a cock and bull story of an ointment in common use in all dispensaries being “*locked up*” from the dispenser!—What must we think, however, of the Coroner who makes a cuckoo repetition of this trash, in his charge to the Jury? He says, “He could but imagine that the blister ointment had been given by mistake, and had been probably *left out*, and *not locked up*.”—Had Mr. May (the Coroner) been a medical man, he would have known that the latter assertion must have been false, or at the least, most improbable; and, as to *mistaking*, who that had eyes to see, or nose to smell, could ever mistake the epispastic ointment for itch ointment?—except, indeed, Mr. Hospital Sergeant Lindell. The colour, scent, and consistency are so widely different, that none but a fool could mistake them. Mr. Surgeon Soley knew the difference in an instant; his words in the evidence are these, alluding to the remains being shown to him:—“I at once perceived that it was *blister*, instead of the usual *sulphur*, ointment.”

But perhaps, after all, Mr. Jonathan Lindell was not so stupid or neglectful as we have presumed him to be. We have no positive evidence that sulphur ointment was used at all—not even from the beginning!—Mr. Frazer merely says, in his evidence, that when he found the disease to be “*inveterate itch*,” he prescribed the *usual* ointment; and his assistant no farther specifies its nature or name, than by saying that “he had, to the best of his knowledge, *given the same as he had done previously*,” but he does not tell us what that *same* was, except by afterwards alluding to the contiguity of two pots, one of which held sulphur ointment. We are equally in the dark, as to this matter, with Mr. Soley’s evidence; who merely says, that what was shown to him “was *blister* instead of sulphur ointment.” The mother’s evidence, too, throws very little light on this subject; her words being—“The hospital sergeant gave me ointment as before, but I observed it was of a *darher* colour,”—but how much *darher*? Sulphur ointment is of a very light yellow colour, whilst the unguentum lyttæ is of a dark, dingy brown.—The difference between these would have been sufficient to induce the woman to point the same out to the man who served her:—but no, it was merely “*darher*.”—Now, let us suppose, for a moment, that the girl might have been treated with *mercurial* ointment (Ung. Hydrarg. Mit.) from the beginning;—the difference between the colour of it and the Spanish fly ointment, would not have been so very striking as that between the latter and the sulphur ointment. Here, the word “*darher*” might reasonably apply; and here the *sergeant* surgeon might stand somewhat excused in regard to the mistake as to colour.—We know that with some, the mercurial ointment is a crack medicament for the itch; and that it is advertised by some of the quacks, as “*a safe and speedy cure of the itch, in twenty-four hours*.” It might,

therefore, have been originally and *up to the last time*, applied in the present case; and this suspicion of ours is by no means dispelled by Mr. Frazer’s own evidence, who says, when he found the girl had “*inveterate itch*,” that he “*advised her to keep her bed for two or three days*, and desired the hospital sergeant (Lindell) to give her the *usual* itch ointment.”—If he had given her the common sulphur ointment, there would have been little or no occasion for such *extraordinary* confinement to her bed; whilst rubbing in either of the mercurial ointments, however, such advice and precaution were *exceedingly proper*.

As if fate would have it, this very confused and mysterious case is still farther confounded in its *pathology*; that is, in Mr. Soley’s mode of accounting for the immediate cause of the dissolution of this poor victim of neglect, ignorance, or something worse. His words are, “I found the deceased dangerously ill, blistered all over most dreadfully, and *evidently labouring under the effects of the poison of Cantharides*. I attended her until her death, which was caused by the *absorption of Cantharides into the system*.” Mr. Soley’s opinion of the case may be right, and ours may be wrong, but we think that the universal abrasion of the skin, which must have taken place on the *total* blistering of the body, was *quite sufficient* to cause the death of the patient; in the same manner that an extensive scald or burn has been known by every surgeon in Europe to destroy life; we mean that dissolution might have taken place, without the least reference to “*absorption of Cantharides into the system*.” But here we must ask Mr. Soley two sets of questions: *First*, Was there a *total* blistering? Did the mother rub the cantharidian ointment *all over* her daughter’s body? We ourselves answer, Surely not; there was no occasion, even in the “*most inveterate itch*” to *anoint with any ointment* so extensively. Still, we will not deny that *irritation so extensive* as that which might have been caused by a *liberal* application of Epispastic Ointment, *would, or may*, in some constitutions, cause death.—*Secondly*, What proof had Mr. Soley that there was an “*absorption of Cantharides into the system*?” Was there any preternatural irritation of the generative organs? Was there any strangury? Was there any appearance, on *post-mortem* examination, of inflammation of the kidneys, or other urinary organs? If not, he ought not to have said that there was “*absorption into the system*.”—*Death might have been the result of universal blistering*, aye, even of extensive abrasion, without *absorption* of the cantharidian poison. But we apprehend that Mr. Soley overshoots the mark, in attributing so much *power* to the absorbents. Supposing, however, that there were actually symptoms denoting that the girl was affected by the cantharidian poison,—what are we to infer, but that, somehow or other, she *swallowed the tinctura lyttæ* instead of being rubbed with the *unguentum lyttæ*? Thus, are we compelled to revert to the horrid ideas which occurred to us at the commencement of this analysis; ideas which were engendered by the words “*Infantry Cavalry Barracks*,” “*fine young girl, sixteen years of age*,” “*Cantharides having been administered*,” and “*greatest interest among the resident gentry and officers of the 60th Rifles*.”

(To be concluded in our next.)

The Small-Pox being on the increase in the metropolis, precautions have been taken by the guardians of the various unions, in order to abate, as much as possible, the dreadful scourge.

THE DROGA AMARA, OR JESUIT’S MEDICINE FOR SPASMODIC CHOLERA.

FRA PAULINO DI SAN BARTOLOMEO, a European writer, resident many years in India, in describing the diseases which prevail in the southern portion of that peninsula, particularly notices one which he calls “*Intestinal Colic*,” but which so closely resembles spasmodic cholera, as to be almost identified with it. We translate the following account of this disease from his work, chiefly for the purpose of presenting our readers with the composition of the famous medicine invented by the Brothers of the Society of Jesus, for its cure—a medicine which has long attained a great celebrity in the southern and eastern parts of India.

“Very dreadful,” says Fra Paolino, “are the consequences of the intestinal colic, which is called by the Indians, *Shani*, *Mordexim*, and *Nicomben*, and which is caused by the winds blowing from the mountains, carrying with them a great many nitrous particles, and commonly commencing immediately after the rainy season; when the wet weather is succeeded by great heat and continued drought. On the Malabar coast this is the case from the beginning of October until the 20th of December; and on the Coromandel coast, during April and May. The people are then very liable to catch cold, and the consequence is, that malignant and bilious, slimy, matter adheres to the bowels, occasioning violent pains, vomiting, fever, and stupefaction, so that persons thus attacked generally die in a few hours. It sometimes happens that thirty or forty persons die in this manner, in one place, in the course of a single day, unless speedy relief be administered.—The bitter essence, called *Droga Amara*, which I mentioned in the beginning of the present work, is by far the best remedy for this dreadful colic, for it opens the pores, thins the juices, counteracts the effects of the nitre, warms the body, brings on perspiration, and in that manner inspires the sufferer with new life. In 1782, this disease raged with so much fury that multitudes died of it. The above essence being rather dear, it was impossible to procure it in sufficient quantity to supply all the patients, we therefore employed in its stead the *tagara*, or cocoa-nut brandy distilled over horse-dung; all those recovered to whom this beverage was administered, but the rest died in three or four hours. This circumstance made so much noise among the natives, that the fame of our medicine, and the cures it performed, were spread as far as Cochin China. When the physicians of the Dutch East India Company at Cochin, (Messrs. Martinfard and Errik) heard of these things, they not only gave our medicine their approbation, but also employed it in their practice with great success.” The following are the ingredients of which Fra Paolino informs us, in another part of his book, the Droga Amara is composed: “These bitter drops are prepared in the following manner; you take mastic, resin, or colophonium, myrrh, aloes, male incense, and calamba root, and pound them very fine when the weather is dry; that is to say, when the north wind blows, which wind, in other parts of the world, supplies the place of what is here called the *caracutta*. If you are desirous to make a quantity of this medicine equal to 24 pints, you must take 24 ounces of resin or colophonium, 12 ounces of incense, 4 ounces of myrrh, 4 ounces of mastic, 4 ounces of aloes, and a like quantity of calamba root. Put all these ingredients into a jar filled with strong brandy, and keep the same for a month in the sun, during dry weather; at the end of this time, if the brandy be sufficiently impregnated, it will

assume a *red* colour, and the mass will be found deposited at the bottom; you are then to draw off the brandy very slowly, and bottle the same up for use. One or two teaspoonfuls is the usual dose administered to sick persons. This medicine is of excellent service in cases of indigestion, colic, cramp of the stomach, and difficult parturition; also for wounds and ulcers, and against worms; likewise in scorbutic and other diseases which arise from corrupted juices. It is the best and most effectual remedy used by the missionaries during their travels. It is prepared in the laboratory of the Ex-Jesuits, at Puduceri; at Verapoli, by the barefooted Carmelites; and at Surat, by the Capuchins.²²⁴

CLINICAL LECTURE ON MORTIFICATION,

Delivered by SIR BENJAMIN BRODIE, in the Theatre of St. George's Hospital, January 20th, 1841.

GENTLEMEN,—It is not uncommon to meet with mortification of the integuments of the leg, cases which correspond a great deal to mortification of the toes. I suspect that there is some difference between them, and on this account I noticed mortification of the toes separately. You will find that mortification of the integument of the leg occurs more frequently than in the toes; it occurs, too, in those of an early age, and in those who have not the marks of old age upon them. When there is death of the integument, the cases of recovery are much more numerous than in disease of the toes. I have no doubt that in mortification of the skin, there is obliteration or ossification of the artery just as in the former case; I know that this condition exists sometimes, from having observed it once on dissection. I do suspect that mortification in the skin of the leg occurs continually without organic disease of the heart or arteries, because I find that this disease occurs in those who are in a state of debility, and who live for years after having this disease, in whom no sign of disease of the heart and artery is present. You are always to look upon such as cases of suspicion and danger. A person comes to you with a slight vesication on the leg; when the cuticle has given way, you find a slough at the bottom; this may go on without pain, without any constitutional disturbance; by-and-by there is much suffering and pain, and inflammation is set up to some extent round the margin; mortification commences, and spreads rapidly with much constitutional disturbance; the pulse will become irregular and intermittent; the patient becomes comatose, sinks, and dies. Such is an instance of a bad case of mortification of the skin, corresponding a good deal to mortification of the toes; a chronic disease at first, then assuming an acute form, and shortly terminating life. In some cases it will go on spreading slowly, and at last will stop; the slough will come away, granulations spring up, and the part heals. Patients will thus recover, and have no return of the disease; but in other cases, it will be often of a somewhat different character; there may be a varicose ulcer of the leg, the slough may come away and heal up to a certain point; then mortification begins again, and heals partially; and I have known this alternation go on for years, at times terminating well, at other times unfavourably. The treatment is much the same as that mentioned in my last lecture for mortification of the toes, and therefore I shall not occupy your time long in recapitulating it. The patient should be kept in the uniform warmth of bed, which is very essential.

He may wish to sit up, and even walk about; he may come to your house, and be with difficulty persuaded to go home and get to bed; but it is essential. As to the local treatment, no treatment answers so well as the simple dressing of calamine cerate, and then wrapping the limb up in carded wool, the wool and the dressing being left undisturbed for some time, the period varying according to the quantity of discharge. This treatment may not, however, be applicable when there is much pain or inflammation existing; you may in this case apply lint dipped into water and kept moist, or apply a poultice. Water dressing is the simplest, and gives less trouble, at the same time it is the most efficacious application. When the slough has come away, there is generally left a superficial ulcer, for healing which no specific rule can be laid down; generally it does not require any stimulating applications. On the whole, the Barbadoes naphtha, I have found, is the best application; it is mild and soothing, and has a great tendency to clean the foul surface of an ulcer. You dip lint into it, and lay it on the surface of the sore; upon this you put a bit of oiled silk, and apply a bandage nicely from the toes up the leg; and this may be changed once or twice a day, under certain circumstances. If the limb be cold, you may apply carded wool or thick fleecy hose, but in general this is not requisite. As to the constitutional treatment, you should attend to the digestive organs. The patient occasionally requires a mercurial purge once in four or five days, or a week, according to circumstances. I have given bark and other tonics, but I cannot say that my experience leads me to have any faith in such remedies; sometimes the patient may be benefited by quinine, or some other bitter vegetable tonic. You must take care not to interfere with the digestion of food by the administration of tonics; for food is preferable to medicine. He may require wine, the quantity to be given being regulated by its effects. Opium in these cases is most useful, as in mortification of the toes, but subject to the same restrictions which I mentioned in my last lecture. If it does not make the tongue dry, or the patient in the least feverish, then it is sure to be beneficial. You may begin with small doses, and increase the quantity as required, at the same time giving small doses of mercury to alter the inactive state of the liver which the opium is likely to induce. When the sore has become clean and healthy, you may apply diaculum or soap plaister in strips, and apply a bandage, treating it as other sores of the leg. The model before me exhibits a curious sort of gangrene not hitherto described by surgeons; there is, however, an account in M. Keine's work in some respects resembling it. I have extracted an account from an old note-book of mine, which serves well to illustrate the form of disease I allude to. Susan Orage, aged 14, became an out-patient in March 1812; she laboured under some irruption of the skin of the left arm; she appeared full grown, but had never menstruated; she had a pale, sallow complexion, and a feeble pulse, exhibiting evident marks of a low state of the system. At the end of the year 1813 the irruption became much increased. After the irruption disappeared, she was seized with severe pain in one spot on the fore-arm, the pain lasted three hours and then subsided. That part to which the pain had been referred was left white and shrivelled, it was in fact dead; in a short time the dead skin became hard and horny, of a straw-colour, resembling parchment, afterwards, as it dried, the small vessels, ramifying in every direction, became apparently injected with red blood. In a few days, the slough separated, leaving a sore which granulated and healed; before, however,

it had quite healed, another attack of pain came on, followed by death of the skin, and a slough similar in appearance to the first, but different in this peculiarity, that it formed a complete zone, there being a band of sound skin left between it and the former ulcer. Well, the second slough separated gradually, and the sore which it left healed, but before it had quite healed, there was the attack of pain, and a third slough formed, presenting the appearance of a zone, with sound skin as before. This sore healed like the others. On the 9th of May there was another attack of pain which lasted a day and a night, more severe in its character than on former occasions; a slough followed to about two inches in diameter, when it came away; the slough was the thickness of a crown-piece, and left a sore, which healed slowly. About the middle of May she experienced pain in the left instep; on the 4th of June it became so intense as to prevent sleep; on the morning of the fifth, the pain subsided, and a slough formed, as large as a man's hand, which presented the same appearance, and was in the same condition as those on the fore-arm, only it was more tedious in healing. After this no fresh sloughs formed for a considerable time. Though she continued in the hospital, I lost sight of her till October, when she was again admitted into the physician's ward under Dr. Warren. She remained a considerable time with the same white indolent sloughs in different parts of the body; I then lost sight of her entirely, but Mr. Hamerton, of Piccadilly, informed me that she went to her friends at Windsor, where she died, but no post-mortem examination was made. In this model, which was taken from a patient of Mr. Keate you see the disease in its various stages, where the sloughs are formed, where they are coming away, and where the sores are granulating. The only difference is, that the vessels ramifying in the hard, horny texture, were more distinct in my patient than they are represented in the model. The patient of Mr. Keate got a great deal better, and ultimately recovered under the treatment of tonics. Tonics were given without any advantage to the patient whose case I have related. I had a patient labouring under disease very similar, a woman with irregular menstruation; she used to be liable to pain in the leg, ending in the formation of sloughs; vesications formed before these sloughs came away. She got better under the use of small doses of sulphate of copper. She left the hospital, and I lost sight of her. It is very difficult to trace the final termination of cases which go on for so long a time. Cases of mortification have often been referred to the deleterious action of certain grain; people eating rye-bread are said to be liable to mortification of the extremities, and whole families become subject to it. I have never seen any cases myself. In the 'Annual Register,' there is an account of a whole family who had mortification of the extremities, but nothing is said which could throw light upon this mysterious disease. The mother and five children were all affected, the lower extremities in all, except the father, mortified. M. Solly, in the last volumes of the 'Medico-Chirurgical Transactions,' has given a curious account of a child, in whom one extremity after another mortified; the disease went on for twelve months, the limbs mortified, and the stumps healed. It returned, however, and the child died. The cause was quite mysterious, nothing at the post-mortem examination tended to explain it; the heart was flaccid but all the arteries were pervious. In practice, you will find other forms of mortification, but there is one I shall mention of importance which will terminate the subject of mortification. The disease is called anthrax or ear-

* I, myself, cured with these drops a young man, who was almost totally deaf; after pouring two spoonfuls into his ear, a cylindric piece of a hard yellow substance came from it, and the patient immediately recovered the perfect use of his hearing.

buncle. There is something in this more than in an ordinary case of mortification, and so I mention it. Persons most liable to carbuncle are those in the higher classes, who eat and drink a good deal, and who go on very well till the middle period of life without any derangement of their constitution. Dr. Prout, and my own experience proves the assertion, mentions that persons with a diabetic state of urine are most liable to it. Carbuncle occurs in very different forms, in general there is a painful pimple with induration around it. The induration goes on increasing gradually, it gets broader and broader, feeling hard, and becoming of a reddish-brown colour. It may go on extending till it is as big as a soup-plate; the patient has a sense of weight, constriction, and stiffness, the health is deranged, the pulse becomes frequent, he is purged or sick, and nauseates his food. In a bad case, you will find, where the induration is extensive, the pulse becomes weak, there is great prostration of strength, a hurried manner, coma, and death. But the disease may terminate more favourably; the central part becomes softer, you perceive imperfect fluctuation, the skin ulcerates, and through one or other of the perforated points you can perceive a white slough; the intermediate portion of the skin perishes, and a slough comes away with a slight discharge of matter; a large slough of cellular membrane is seen underneath, consisting of lymph effused into the cells of the cellular membrane and pus. The slough comes away, granulates, and heals. In other cases, the disease is not apparent in the skin, but is confined to the cellular membrane, which is excessively painful, and indurated; the induration goes on increasing, and runs the same course as when the disease begins with a pimple. Anthrax occurs more frequently in men than in women, for this reason, principally that they are more subject to bad habits; it occurs more frequently on the back than in other situations, between the shoulders, on the back of the neck, or on the occiput, and especially dangerous when in the latter situation. I have seen few die when the disease was not situated on the occiput. The disease is not common in other parts of the body, on the thighs, nates, &c., sometimes it will occur on the face. I went to see a patient once who was a frightful object, having a carbuncle upon the nose, and you may easily conceive the appearance of a person under such circumstances. It occurs in those who eat and drink a good deal, and like other diseases, it requires to be treated by animal food as far as it can be taken, and wine when there is no heat of the skin. When there is much pain and restlessness, opium should be administered; there are, however, objections to opium, but there are still greater to the want of sleep. If you administer medicines besides this, give bark, quinine, and other tonics. I do not think you will find good from anything but opium, and keeping the bowels open by mild, not drastic purgatives; opium agrees in general with these persons, as it does with diabetic patients. The principal is the local treatment; the slough and matter require exit, and for this purpose you must make free incisions, not small ones: first make a long incision, extending through the whole of the hard portion, and then another at right angles to it, to the bottom of the tumour. If the disease continues to spread, you must repeat your incisions another day. When they are made effectually, the patient will generally recover. In making incisions, you will find sloughs of cellular membrane, with its cells filled with lymph and unhealthy pus, and the great point consists in letting this escape. After the incision, a poultice or some digestive ointment, as the yellow basilicon, ung. elemi comp., may be applied.

I do not think they favour the separation of the slough, at all events they do no harm. When sloughs are separating, the patient's system will be relieved by tonics, although I do not think them serviceable in the early periods of the disease. Carbuncle is a constitutional disease, always preceded by a bad state of health; it appears as if some noxious agent were thrown out into the cellular membrane, and thus is a disease like small-pox. The history of carbuncle seems to prove that it is a specific disease, something like small-pox. I will mention a case which would seem almost to establish this as a fact. A gentleman, an old friend of mine, who had been a medical practitioner, and who had been accustomed to live well, called on me one day to say he had something the matter with his back; I sent him home and told him to poultice it; two or three days afterwards, I made a crucial incision into the carbuncle, by which he was greatly relieved, and did well. One day appeared another smaller carbuncle, not in the skin, but subcutaneous; it went on growing bigger, assuming the ordinary appearance of carbuncle; I said, to-morrow this will be in a fit state to open, and I will call upon you; he appeared as if nothing else was the matter with him. The next day when I called, I found him in bed, and upon asking him if he was worse, he replied, that he was dying. He was so in reality; the skin was cold, the pulse fluttering and feeble. The night previously the pain, which had been extremely violent, left the carbuncle, and he became exceedingly ill, and in the morning it had disappeared entirely. These constitutional symptoms came on, and he died twenty-four hours after the subsidence of the pain.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XVI.—HOW MR. WHIPPLES AND HIS COMPANIONS CONCLUDED THE EVENING.

(Continued from p. 153.)

INTOXICATION does not receive much benefit from fresh air. The exchange that is made from the cigar-clouded atmosphere of a London convivial tavern, reeking as it is with the fumes of tobacco and gin-and-water, to the out-of-doors atmosphere of the streets, tends to render cerebral excitement more violent than in any manner allay it. How this is I do not pretend to say, but probably the greater equivalent of oxygen, as Mr. Multest would say, in the free air, vivified instead of allaying the increased circulation. There's *sober* reasoning for my readers—blending instruction with amusement, as M. Orfila says, when he invites his friends to poison a cat.

Mr. Whipples gradually grew more obstinately noisy as he got beyond the hearing of the policeman, and at last arrived at such a pitch of insubordination, that he darted from Mac and Johnson with a sudden spring, and running across the road, seized hold of the shafts of a vegetable cart that stood in the market, and vowed he would not leave it until the other three got on the top of the vegetables with which it was filled, and allowed him to drag them all round the Piazza.

"What a cursed ass you are making of yourself," said Johnson, going over to him; "can you suppose for one instant that you are able to pull the cart alone, much less anybody in it?"

"I don't care," said Whipples, stooping down and laying hold of the shafts; "I'll carry you all round the market and then take you all home, and you shall pay me what you'd pay a cab."

"Come, come away," said Macarthy in a persuasive manner, trying to insinuate his hand

under Whipples' arm; "you'll get in a scrape directly, if any of the market people see you."

"I tell you what it is, Mac," uttered Mr. Whipples rather indistinctly, but in a tone of high bearing—at least meant to be so; "I tell you what it is, I don't wish to break friends with you, nor Johnson, nor you Swubs, and I'll shake hands with all of you, and lend either of you a shilling if you want it; but I won't be insulted by you or anybody else."

"My good fellow," said Johnson, half-laughing at the staid gravity of Whipples' countenance; "nobody wishes to insult you, but we want to take you home. Will you go with me, as Mac don't seem to suit you?"

"No I won't," answered Whipples firmly; "I won't go home till morning."

"Well, stay where you are then," said Swubs.

"I won't stay where I am," rejoined Whipples; "I'll draw you all home in this cart, on the top of the turnips," and getting between the shafts, he raised them up to a level with his trochanters, and then intimated to his companions that he wished them to ascend the vehicle.

"We can't get in," said Johnson; "there's no step, and the sides are too high."

"Very well," stammered Whipples, already reeling beneath the weight; "then you must get up behind, and I'll tilt the cart up for you to—"

What else he meant to say must be guessed at, for whilst he was elevating the shafts, the body of the cart, losing its balance, suddenly tipped over, cutting short his speech, and shooting out a perfect avalanche of vegetables upon the pavement.

"Well, you *have* done it," cried Swubs, quite aghast at the leguminous cataract that poured out around him; "and here comes the crusher. Good night."

With this farewell Mr. Swubs darted into the heart of the market, and sliding quietly down behind the first pile of baskets he arrived at, concealed himself most effectually from the sight of the insulted new policeman, who having kept the party in his eye the whole time, was now advancing.

"We shall be *jug'd* for a certainty," said Johnson, hurriedly; "I shall cut too."

"I'm off," replied Mac quietly, "and Whipples must look after himself—it's his own fault. Man alive! don't follow me. When a policeman's after more than one, you should always take different ways, and that bothers him—he don't know which to follow."

And acting upon this admirable plan, Johnson bolted off towards New Street, whilst Macarthy made the best of his way towards Drury Lane Theatre, leaving Mr. Whipples looking with an air of ineffable disdain at his flying comrades, as his eyes twinkled in the approaching glare of the policeman's lantern.

"Now, sir, I'll trouble you to walk a short distance with me," said that functionary, as he placed his arm upon Mr. Whipples' humeral articulation, perfectly satisfied of the impossibility of cutting himself in half to follow Macarthy and Johnson, and thinking a bird in the hand was worth two on the wing.

"I don't want your company," replied Mr. Whipples rather haughtily; "I am not in the habit of associating with policemen."

"Now then," returned D 48, not appearing to heed the intelligence of Mr. Whipples' exclusive connexion; "are you coming, or am I to bring somebody else to help carry you? Come, march on."

"I've just as much right to these turnips as you have," was the vague reply; "and I won't go home till morning, till daylight does appear. I've said so before, and I'll stick to it. I am

not anxious to make the acquaintance of any man who stole a lobster. Ya-a-ar!" he uttered with a contemptuous prolongation of the monosyllable, as he sank down upon the pile of vegetables. Then, collecting all his energies for one grand burst of annihilating declamation, he added, "Who never had a father, and had his mother hung for sheepstealing?"

The policeman fixed his iron grasp upon his prisoner's arm, and endeavoured to raise him up, but to no purpose, for Whipples had settled down like a lump of lead upon the turnips. Finding his efforts ineffectual, and seeing that Whipples was not in much of a condition to run away, he crossed the road to look after a brother patrol. Observing this from his place of concealment, Swubs crept away in a most artful Dodger like manner, and getting under the Piazza, walked very composedly onwards, meeting in his way the policeman and his companion, who made way for him to pass, and even responded to his "good night," little thinking he was one of the party, but imagining he was a late reveller from Evans's, going quietly home, in a state of double-stout mystification.

ROCKET.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 16th January, 1841:—

Epidemic, endemic, and contagious diseases	199
Diseases of the brain, nerves, and senses	164
Diseases of the lungs, and other organs of respiration	497
Diseases of the heart and blood-vessels	22
Diseases of the stomach, liver, and other organs of digestion	69
Diseases of the kidneys, &c.	7
Childbed, diseases of the uterus, &c.	12
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	5
Diseases of uncertain seat	136
Old age, or natural decay	111
Violent deaths	31
Causes not specified	2

Deaths from all causes.....1260

IL MALE D'ALEPPO.—This very singular cutaneous affection prevails in all the country around Aleppo, and as far as Bagdad, sparing neither age nor sex, and attacking strangers as well as natives. It makes its appearance on the skin, in the form of small pustules, which are hard and red; the heads of which are, at first, no larger than the point of a pin; these, afterwards, grow larger, and continue growing for six months, each being nourished or fed by five or six little roots or fibres. In six months more, the disease declines, so that the whole period of its existence is usually comprised within the compass of a year. These pustules, so far from yielding to any remedies that have been hitherto applied, either in their beginning, middle, or decline, have rather been exasperated by them. When left entirely to nature, there is very little pain or trouble with the *Mulè d'Aleppo*; which, however, attacks not only once, but several times, the same persons, and on almost all parts of the body. When it attacks the face, which it often does, it causes remarkable scars, which, however, become effaced in a few months, without any local application for their removal.

IMPORTANCE OF THE PULSE WITH THE CHINESE PHYSICIANS.

In judging of the nature and intensity of diseases, the physicians of the Celestial Empire pay peculiar attention to the state of the pulse. Previously to feeling it, the patient must be laid on his bed, and have his arm resting on a cushion; the physician then seats himself, and both he and the patient are to remain calm, silent, and collected. The fingers are now applied in due *succession*, in order to judge of the compressibility of the artery. These *Medicoes* do not infer solely from the quietness of the pulsations, their mode being to compare the number of pulsations of the artery with the intervals of the respiration of the patient; the number of pulsations of a man in moderate health, they consider to be in relation to the time of a natural inspiration and expiration; and *four* beats of the pulse, during this period, they consider as indicating perfect health; if it exceeds five pulsations, it is considered too quick. It is necessary to count fifty pulsations, in order to form a correct indication.—Their chief divisions of the pulse are four, viz., the superficial, the profound, the quick, and the slow, which they believe to have relation to the four temperaments—the choleric, the sanguine, the phlegmatic, and the melancholy. They gravely state that they can form a correct judgment of the length of a man's life, by the present state of his pulse!

OBSERVATIONS ON ABDOMINAL TUMOURS AND INTUMESCENCE,

ILLUSTRATED BY CASES OF DISEASED LIVERS, BY R. BRIGHT, M.D., F.R.S., &c.

[From the Guy's Hospital Reports.]

WE are presented with three cases of the fatty liver. We shall select one.

CASE.—*Fatty Change in the Substance of the Liver.*—A young lady, aged 17, was in apparent excellent florid health in November 1839, except as regarded the catamenia, which came at twelve years of age, and were never regular, being frequently absent for six months at a time; but it was observed that she had grown remarkably stout. In November, she first began to feel pain in the bowels, particularly about the right iliac region. In January, she went to Brighton, on account of a disease which had taken place in the first phalanx of the great toe; and while there, diarrhoea came on to such a degree, that for twelve weeks she never had less than six or eight stools in the day; and she generally experienced a little pain in the right iliac region, and some griping over the whole abdomen.—Dr. B. first saw her on the 17th of July. She was much emaciated, yet the abdomen was not so much so as the rest of the body. Dr. B. could feel what appeared a glandular body, low down in the right iliac region, probably near the head of the colon.—Tongue red, with some elongated papillæ: stomach so irritable, that she vomited almost all her food: pulse, from 100 to 120. He saw six stools which had been passed that morning; most of them were of a remarkably healthy, brown feculent appearance; scanty, loose, but not watery, with some small lumps in them; and in one or two, *might* be the treacle-like tinge, which a slight admixture of blood sometimes presents. Dr. B. made trial, in addition to the many remedies which had been already used without success, of small doses—first, of sulphate of copper; then of chalybeates combined with astringents; but the good effects produced were very temporary: and although at one time, on a diet of mixed food not prescribed by her medical adviser, she appeared to lose in a remarkable degree the irritability both of her bowels and her stomach, so that for two days she had neither vomiting nor diarrhoea, yet this apparent improvement passed off; and the diarrhoea returning with increased violence, she died the last day of August.—**Dissection:** On laying open the abdomen, the omentum was seen, by no means destitute of fatty

matter, spread over the abdomen, and attached at one part in the right iliac region. The liver came at once into view, of a yellow drab colour, and much enlarged: it descended at least three inches below the cartilages of the ribs, and across the whole scrobiculus cordis, quite to the spleen on the left side: it ascended to the interval between the third and fourth rib on the right side, and occupied a considerable space in the left hypochondrium. It was a perfect specimen, throughout, of the advanced fatty liver. The scalpel was covered with grease; a portion, on applying heat, yielded drops of fat, and made an oily stain on linen; and a piece of the liver, thrown into water, floated readily. A considerable quantity of blood flowed from the incisions of the liver. The gall-bladder contained about two drachms of healthy bile, and a gall-stone, of the size of a small filbert, of crystalline cholesterine.—**The Intestines:** The whole peritoneal covering perfectly healthy, smooth, shining, and free from any effusion: but on following out the course of the intestines, they came, in the last two or three feet of the ileum, to some dark discoloured spots, where the bowel was contracted, evidently corresponding with internal ulceration; and on arriving at the termination of the ileum in the cæcum, the intestine formed a mass of the size of an egg, in which the vermiform appendage was glued with a portion of the omentum to the cæcum. On laying open the intestines, they found about ten separate ulcers in the lower part of the ileum, some of which embraced the whole calibre of the tube; but the chief ravage was about the ileo-colic valve, which was involved in a mass of ulceration, as was the pouch of the cæcum, and the cavity of the vermiform process. The other parts of the mucous membrane were healthy; and the whole lining membrane of the colon was perfect, except one small ulcer about the sigmoid flexure: and in the rectum the membrane was red, but not ulcerated. It was obvious that much tubercular deposit had taken place in the ulcerated patches, previous to their ulceration; for some such deposits lay around them, to which the ulcer had not extended. The mesentery still contained some fat; and the glands were much enlarged, some of them going into a state of softening and suppuration. One small tubercle was detected in the substance of the right kidney. The lungs presented some traces of tuberculous matter. Dr. Bright observes:—"In this case, there can be no doubt that percussion would have yielded a dull sound over an unusual extent of the upper part of the abdomen, as it did in the former case. Indeed, the similarity was so striking, that we ought almost to have inferred the nature of the hepatic enlargement. Such a diagnosis, however, should always be given with caution; although, in a case of decidedly irregular catamenia, with obstinate diarrhoea, and a large smooth tumefaction of the liver, the probability would be greatly in favour of this form of disease; and more particularly before the meridian of life, for I have more than once had reason to believe that the state of amenorrhœa was connected, either as cause or effect, with the existence of fatty liver. It may be a matter of surprise that I did not detect the disease by that state of skin pointed out by Dr. Addison; but in the distressing state in which the patient was, no striking peculiarity in this respect was observed."

Malignant Disease, for the most part, induces tumours of the irregular form, yet it occasionally happens that it is otherwise, more particularly when the disease develops itself very generally through the structure of the organ, forming a great number of small and almost confluent tubera, and thus producing an even surface. Of this we have a sample.

CASE.—*Malignant Disease producing a regular smooth Enlargement of the Liver.*—April 13, 1834. Dr. Bright was requested to see Mrs. S., who had been delivered of a living and healthy child two days previously. The abdomen had scarcely diminished since parturition. On examination, a hard smooth tumour could be distinctly traced, occupying all the upper part of the abdomen, rendering the lower half of the right chest dull, and descending some way below the umbilicus. Although the situation of the tumour pretty

plainly pointed it out as the liver, yet some who examined it, finding it pass quite over to the left side, had been inclined to think that the spleen was also involved in the disease. The uterus was also distinctly felt in the pelvis. The skin was sallow: there was no peritoneal tenderness. She continued to get lower, and died on the 10th of April.—*Dissection*: About two quarts of yellow serum in the cavity of the abdomen. The lungs were pressed upward by the liver, which, in the recumbent posture, and with the lungs empty in death, had encroached on the chest, as high as the fourth rib. The liver, when the chest and abdomen were both laid open, occupied full half of both the cavities: it spread from one side to the other completely, and extended from the fourth rib to considerably below the umbilicus. It was diseased in almost every part; presenting, on its surface, circular white masses, which were not the least elevated, but rendered the whole mottled with white spots, varying from the size of a shilling to a pin's head, irregularly distributed, but occupying by far the larger proportion of the whole. The peritoneum itself was very little influenced. The gall-bladder contained a small quantity of green bile. Pancreas healthy. Spleen healthy, but large.

VACANCIES, PROMOTIONS & APPOINTMENTS.

19th Foot, Assist. Surg., Robt. Smith, from 21st Foot, to be Assist. Surg., vice Williams, promoted in the 59th Foot.—21st Foot, J. Richardson, gent., to be Assistant Surgeon, vice Smith, appointed to 19th Foot.—54th Foot, E. S. Docker, gent., to be Assistant Surgeon, vice Everard, deceased.—59th Foot, Assistant Surgeon, Thomas William, M.D., from 19th Foot, to be Surgeon, vice J. G. Hibbert, who retires upon half-pay.

HOSPITAL-STAFF.—Deputy Inspector General, John Murray, M.D., to be Inspector General of Hospitals, vice M'Leod, deceased; Assistant Inspector, Brinsley Nicholson, to be Deputy Inspector General of Hospitals, vice Murray.

ADVERTISEMENTS.

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London: Longman and Co.; Sowler, Manchester.



REPORT OF THE DIRECTORS OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY, Presented to the Annual General Meeting, held March 5th, 1840.

On again meeting the Proprietors, the Directors feel that to evince the progressive prosperity of the Society during the year ending June 30, 1839, it would be sufficient to refer to the Balance Sheet of the Auditors, now on the table; but they desire to direct the attention of the Meeting more particularly to the following facts, viz.:

1st, That the sum received for Premiums on New Policies issued during the past year has amounted to £10,040 11s. 11d.

2nd, That the income of the Society, which is steadily and progressively increasing, now exceeds £86,600 per annum.

3rd, That after defraying the claims on account of Deaths, and all other expenses, £52,004 have been carried, as a clear saving, to the Consolidated Fund during the twelve months embraced in the present Report.

The Directors desire also to state, as indicating the estimation in which this Society is held by one of the best classes of assurers, that the number of Policies granted on the Lives of Clergymen has been greater by 50 per cent. during the last than during any preceding year.

When, in addition to these facts, it is made known, that by the Deed of Settlement not more than one-sixth part of the profits can be appropriated to the Shareholders, nor more than 5 per cent. interest be paid on their instalments, the Directors feel confident that the Proprietors can recommend the Clerical, Medical, and General Life Assurance Society to their Friends and the Public, as offering to the assured advantages as great as can be derived from any similar Institution.

(TO THE MEDICAL PROFESSION.)

This is the only Office that is specially connected with, and chiefly managed by, Members of the MEDICAL Profession. The BALANCE SHEETS of the Society will be shown to ANY MEDICAL GENTLEMEN that may be pleased to call at the Office for that purpose. Further information can be obtained, (free of expense,) by addressing a line to

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TO ADVERTISERS.

THE Attention of Advertisers is particularly drawn to the 'Medical Times' as a medium for announcements, addressed to the reading and wealthier classes. The low price and spirited character of this Journal, has gained it a circulation among the entire body of the Medical Profession, and also secured a large section of the Reading Public as its supporters. It goes to all parts of the three kingdoms, to Paris, Germany, the Colonies, and America. From its select and yet extensive circulation, is not inferior, as a medium for advertising, to any periodical of the day. THE PERMANENCE DERIVED FROM ITS PROFESSIONAL AND SCIENTIFIC CHARACTER, AND THE CIRCUMSTANCE OF THE ADVERTISEMENTS BEING CONTAINED IN THE BODY OF THE WORK, AND THEIR NOT BEING INSERTED ON A TEMPORARY WRAPPER, renders it, as a medium at once select in its character and durable in usefulness. Advertisements are received for insertion until five o'clock on Wednesday. Office, 10, Wellington-street North Strand.

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Sir BENJAMIN BRODIE, on strictures of the urethra, tumours, pains in the loins, &c.

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Mr. BRANSHY COOPER, on diseases of the joints; periostitis; strictures of the urethra; lithotomy; venereal diseases; diseases of the breast; fractures; hernia.

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London: Printed and Published by the Proprietor, THOMAS BAILEY, at his Office, 10, Wellington Street North, in the Parish of St. Paul, Covent Garden, Westminster, in the County of Middlesex.—January 30, 1841.

For the convenience of Subscribers in remote places, the Weekly Numbers are reissued in Monthly Parts, stitched in a Wrapper, and forwarded with the Magazine.—Subscriptions for the Stamped Edition for circulation Post-free in advance, are received at the Medical Times Office, 10, Wellington-street North, London.—Subscription, Quarter, 4s. 4d.; Half-Year, 8s. 8d.; Year, 17s. 4d.
[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

ROYAL INSTITUTION OF GREAT BRITAIN
ALBEMARLE STREET.

ON Friday, January 29th, the Weekly Evening Meeting of the Members of this most useful Institution, took place in the Library and Theatre, the same being the Second Meeting of the present Season. The attendance was very full; and there were present many of the leading men in all branches of Medical, Chemical, and Mechanical Science; besides many connected with the Fine Arts. On the tables were the 'Transactions' of several learned Societies, which, during the recess, had been presented to the Institution; besides many books, maps, and prints; and several specimens of Asphalte and Bitumen. The objects of greatest attraction, however, were two specimens of sculpture, or modelling, by Mr. C. A. Rivers:—one was a small bust of Miss Helen Faucit; the other, a full-length figure (about two feet high) of Mr. William Farren, in the character of the *Spanish Curate*. For correctness of delineation and strength of expression, it was generally allowed, that these works by Mr. Rivers have never been surpassed by those of any other English sculptor; and they accordingly drew forth the unmixed admiration of all present.—In the Theatre, Mr. Brayley delivered an interesting Lecture "ON BITUMEN AND ITS ECONOMICAL APPLICATIONS;" in the course of which, he exhibited most of the varieties of that substance, both artificial, and as naturally found in various parts of the world. Having described the nature, properties, and chemical proportions of Creasote, Naptha, Naphthaline, and other substances produced by the destructive distillation of coal, pitch, &c., he proceeded to point out, from specimens before him, the distinctive properties of Bitumen from Hit, on the banks of Euphrates, from the pitch lake of Trinidad, from the Birman Empire, from Java, from Persia, and from other countries. He next drew the attention of his auditory to specimens of coal from the mines of the North of England, from Wales, from Scotland, and from Ireland, pointing out the distinctive characters possessed by each, from the *lignite* or fossil-tree, to the *anthracite* or stone-coal—now become so important in the manufacture of iron. He also explained, in a very satisfactory manner, the vegetable origin of coal and pitch; and demonstrated the mode by which whole forests of trees are converted into coal-beds and coal-fields, during the lapse of ages, by natural chemical agency, as well as by the mechanical pressure of superincumbent strata of earth, clay, slate, sand, and other mineral substances. The great distinction between coal and asphaltum, he pointed out to be, that,—though both were of vegetable origin,—the *first* was chiefly com-

posed of the *lignin*, or woody fibre; whilst the second consisted of the inspissated *resinous juices* of the trees; which juices, in the course of time, had been converted into, apparently, *mineral* substances. During the course of his Lecture, Mr. Brayley entertained his audience with several amusing anecdotes respecting the Asphalte Companies for paving the streets of the metropolis: the ignorance and folly of one of these speculating concerns, was, it seems, so great, that the directors gave orders to the several London Gas Works, for no less than a million of gallons of coal-tar! and after having obtained and paid for the said million of gallons, they found, to their utter consternation, that coal-tar was of no use—or rather *worse than useless*—for paving streets!

On Friday, February 5th, Mr. Birch will Lecture on the HIEROGLYPHICS OF THE EGYPTIANS.—The succeeding meetings of the present Season are appointed for—February 12th, 19th, and 26th; March 5th, 12th, 19th, and 26th; April 2nd, 23rd, and 30th; May 7th, 14th, 21st, and 28th; and June 4th and 11th.—All these Meetings will be held on Friday Evenings, at half-past eight o'clock, in the Library of the Institution. Members have the privilege of introducing (by *Tickets*) two friends to each meeting. Many of our readers will feel interest in the information, that on Friday evening last, a notice was hung up in the Library, that the FULLERIAN PROFESSORSHIP OF PHYSIOLOGY, at the Royal Institution, has been *vacant* since the 7th of December, 1840; and that it is the intention of the Managers to fill up the same on Monday, the 8th of March next, at four o'clock p.m., conformably to the deed of settlement. Candidates have no time to lose in making application, and in sending their credentials, to the Secretary and Vice-President, Mr. Hellyer.

PHYSIOLOGICAL AND STRUCTURAL
BOTANY.

A Course of Twelve Lectures on this interesting subject will shortly be delivered at the Royal Institution, by DR. LINDLEY, F.R.S., F.L.S., &c. They will commence at 3 o'clock, p.m., on Wednesday the 24th of February, and will be continued each succeeding Wednesday, (except during the Easter Holidays,) until finished.

We have much pleasure in presenting our readers with the following SYLLABUS:—

Lecture 1.—General considerations as to the nature of plants and their distinction from animals. What constitutes a perfect plant. The axis and its appendages. Leaf-buds. Epidermis. Atmospheric influences. Window gardening.

Lec. 2.—Internal structure of the axis. The root and its modifications; uses of the root. Channels provided for the motion of th

sap. Influence of the seasons. Transplanting. Pruning. Timber felling.

Lec. 3.—Leaves and their varieties. Internal structure. External form. Uses of leaves. Plantations. Forest-trees.

Lec. 4.—Vital forces of plants. Absorption. Decomposition. Circumstances under which these take place.

Lec. 5.—Vital forces continued. Secretions. Irritability. Action of Light, moisture, and heat. Ripening wood. Hothouses.

Lec. 6.—The food of plants. Influence of soil. Theory of manures. Crops and their rotation.

Lec. 7.—The floral organs; Bracts. Calyx. Corolla. Their modifications; and uses. Improvement of flowers.

Lec. 8.—Secreting organs of flowers. The Nectary; the Stamens and the Pollen.

Lec. 9.—The pistil; ovary, style and stigma. Phænomena of Vegetable fertilization. Hybridism.

Lec. 10.—The fruit; the changes it undergoes in its progress to maturity. Its many kinds. Causes of its infinite variety of appearance.

Lec. 11.—The seed. Phænomena of germination. Seed-sowing. Seed-saving.

Lec. 12.—The anatomical structure of all the foregoing parts; the hidden means with which plants are furnished in order to enable them to execute their manifold and delicate offices. Fitness of all these things for the end they have to serve.

"The object of this Course," says Professor Lindley, "is not merely to explain the laws of structure in perfect plants, and the manner in which their different vital actions are performed—but to show, at each successive stage, in what manner the knowledge we possess of vegetable economy has been made to apply to practical purposes, especially in gardening, foresting, and farming."

A TABLE OF MORTALITY FOR THE
METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 23rd January, 1841:—

Epidemic, endemic, and contagious diseases	200
Diseases of the brain, nerves, and senses	135
Diseases of the lungs, and other organs of respiration	422
Diseases of the heart and blood-vessels	16
Diseases of the stomach, liver, and other organs of digestion	68
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	13
Diseases of the joints, bones, and muscles	5
Diseases of the skin, &c.	0
Diseases of uncertain seat	123
Old age, or natural decay	113
Violent deaths	21
Causes not specified	7

Deaths from all causes..... 1129

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

URINARY ORGANS, CONTINUED.—TREATMENT
OF STRICTURE, RESUMED.—PUNCTURING
THE BLADDER.—ULCERATION OF THE URE-
THRA; TREATMENT.

AFTER stricture of the urethra has been relieved by the means which I described to you in the last lecture, after the dimensions of the canal of the urethra have been gradually enlarged or restored to their natural state by the treatment I then pointed out, we frequently find that the patient, having remained for a considerable time quite well, experiences a relapse of the complaint; that the contraction of the canal slowly returns, and we are obliged to have recourse to the same treatment again; hence it is expedient, in certain cases, to introduce an instrument from time to time, once in two or three months, in order to prevent the contraction of the stricture, to which there is a great tendency in those cases. Although we have in these cases removed the stricture at the time, we cannot venture to tell the patient that he is completely and effectually cured, because we find that the disease often recurs.—In bad cases of stricture, the treatment I mentioned to you in the last lecture very often produces little effect. A long period of time is necessary to overcome the contraction, to restore the urethra to such a size as will enable the patient to evacuate his urine with comfort; and hence surgeons have been anxious to discover some means for more speedily, effectually, and radically, relieving patients who labour under stricture of the urethra. They have considered that the cure produced by the employment of bougies, sounds, or the instruments I described to you in the last lecture, is effected by dilatation; therefore, they have an idea that, when the dilating means are no longer employed, the contraction is likely to recur; hence they have supposed, that if means could be used by which the constricted part may be destroyed—not simply dilated, but entirely destroyed—the cure would be more effectual and permanent, that we could more safely depend on a complete relief from the symptoms. The idea of employing caustic for this purpose was introduced long ago. Wiseman speaks of this application. Hunter endeavoured to employ it in strictures of the urethra; and he states that he introduced lunar caustic to the contracted part by means of an instrument like a portercyon. Sir E. Home, the brother-in-law of Mr. Hunter, adopting this idea, endeavoured to accomplish the purpose in another way; that is, he included a piece of the nitrate of silver in the end of the common plaster bougie, which, as I have before mentioned, is made of cloth impregnated with a certain composition, cut out into pieces of a flat shape, and afterwards rendered round by being rolled up; now, instead of closing the end of the instrument, a piece of caustic was inserted into the extremity of the plaster bougie, which was afterwards closed around it. The mode in which those *armed bougies*, as they are termed, are employed, is this: a bougie of good size—a plain bougie—is introduced down to the stricture; then having measured, by making a mark with the nail on the bougie at the orifice of the urethra, the exact situation at which the constricted part is found, a caustic bougie of the same size as that by which the situation of the stricture is marked out, and which has been previously employed, is carried down to the stricture, and held there for a certain time, so that the end with the caustic should be applied to the contracted part of the urethra. This mode of treatment is directed to be persisted in until the contracted part to which the caustic has been applied shall be removed, until, by repeated applications of the escharotic, the contraction shall have been burnt away, so that the bougie may go on further; and if another obstruction be found, the same application is to be used there, until the bougie shall gain a passage into the bladder. This is the general mode of using an armed bougie, recommended by Sir E. Home. He describes this mode of treatment as

very effectual; as destroying the contracted portion of the urethra, (so that a full-sized bougie will pass into the bladder within a short time,) and as being applicable to almost all cases; so that, according to his description, the general treatment of stricture would consist in the application of caustic to the constricted part in the way I have mentioned to you; and, if we are to credit the description which he gives, nothing would be more safe or effectual than this mode of treatment. When we come, however, to peruse the cases he gives in illustration of the various points of the treatment, we find that serious mischief is sometimes produced by this mode of treating stricture; and, as he is highly favourable to the plan, we may, at all events, suppose that he has not exaggerated the ill effects of the treatment; yet taking them as he has given them, we find that this mode of applying caustic frequently produces profuse hæmorrhage—alarming hæmorrhage we may say, for it cannot fail to alarm the patient—and I think we may also say dangerous hæmorrhage, for it is very profuse, and is repeated every time the application is made; so that if the surgeon be tolerably resolute, and is determined to burn on according to the plan recommended, the patient may lose a very considerable quantity of blood indeed. False passages are also occasionally made; that is, instead of burning a hole through the stricture, perhaps a hole is burned through one side of the urethra. Inflammation of the urethra, inflammation of the cellular substance surrounding it externally, abscess and fistula in perineo, increased difficulty of making water, aggravated to retention of urine, serious constitutional disturbance, amounting to considerable fever, and in many cases taking the form of intermittent fever or ague; these are some of the symptoms, and some of the effects which, according to the cases brought forward by Sir E. Home, the great patron of this mode of treatment, are frequently produced by the application of caustic in the particular way I have described.—The dangerous nature of this treatment led a surgeon of the name of *Whately* to employ another plan of treating strictures by caustic. He made a small opening with a pin in the end of a plaster bougie, and introduced into that opening a small portion of the *potassa fusa*. The potass being enclosed in a piece of paper, and broken, he took one of the minute fragments and introduced it into the opening which had thus been made, covering the end of the opening in the bougie afterwards with a piece of common cerate, and then carried it down to the stricture, and moved it backwards and forwards against it. Now, Mr. Whately seems to have been as cautious in the employment of this substance, as Sir E. Home was bold in his use of lunar caustic; for he recommends you to take a fragment of potassa fusa not larger than the *seventeenth part of a grain*! And he says he never used a portion larger than the twelfth part of a grain. Now I should suppose that if a fragment of this kind be put into the aperture of a bougie, and if that aperture be filled up afterwards with cerate, it would make very little difference whether the fragment of the potassa was inserted into the one or into the other end of the bougie. We know that an alkali and any fatty or oily substance brought into contact make soap, so that this plan has been called by some *soaping the urethra*. I should conceive, according to the description Mr. Whately has given of it, that it is just capable of doing that good which the simple introduction of a plain bougie can effect; and I cannot think it has any effect whatever as an escharotic; however, if it were a good plan, you would employ the potassa fusa more freely than he has recommended; it is certainly a more cautious way than using the armed bougie in which a large piece of the nitrate of silver is carried into the urethra. A French writer has devised an instrument by means of which the lunar caustic in substance is applied to the interior part of the stricture. His instrument is well constructed, and may, perhaps, deserve a trial in those cases in which it may be deemed fit to employ caustic.—From the various results which attend the free employment of caustic in the urethra, I think that we may safely say, it is a mode of treatment not

applicable to bad cases of stricture; that is, cases where the change of structure is considerable, and the contraction is very extensive; and in cases not so serious, we know that the application of caustic is not necessary; for the simple bougie sound or silver catheter will accomplish the object we have in view. The use of caustic has, in general, been very little favoured on the continent; they have generally treated strictures there without it, and have been averse to it from knowing its ill effects; it has been partially employed in this country, but never got into very great use, and, I believe, has been generally less and less used, so that at present it has but seldom adopted in the treatment of stricture in the urethra. When the urethra has been diseased for a considerable length of time, and no treatment has been employed to prevent the progress of disease, more especially when persons have lived freely and indulged in drinking, we often find that the mucous membrane of the urethra becomes greatly altered, and the structure much thickened and hardened, so that it constitutes a firm cartilaginous ring, totally different in appearance from the natural textures of the part. Frequently, a certain length of the urethra is altered in this way, so that you have a contracted portion measuring perhaps half an inch, three-quarters of an inch, or an inch in length; at the same time, the dimensions of the affected part become considerably reduced. The difficulty in evacuating the urine becomes more and more considerable; the stream, which at first is rendered small, becomes extremely minute, and perhaps the patient can no longer void his urine in a stream at all, but passes it simply by drops, and with considerable straining and effort. The dimensions of the diseased part of the urethra are so reduced, that a slight aggravation of the mischief converts the difficulty of making water into absolute retention of urine, and brings the patient from a state of great suffering and pain only, into one of very considerable danger. The bladder is not effectually emptied under such circumstances; some portion of the urine always remains behind. The constant residence of urine in the bladder produces inflammation of the mucous lining, and excitement of the muscular coat of the bladder, with increased efforts of the latter to expel its contents; it produces repeated and urgent attempts to expel the urine, the continued presence of which causes constant pain and uneasiness of the bladder and neighbouring parts, and in this way the bladder becomes very considerably changed in structure, the mucous membrane is inflamed and thickened, and the muscular coat which covers it also becomes very much thickened; so much so, that you would hardly recognise it as being the muscular coat of the bladder, which, in the natural state, as you know, forms a very thin expanded stratum of fibres, between which the mucous lining is visible. In some of these diseased bladders, you find a thickness of the muscular coat nearly equal to that of the *gluteus maximus*. Here is a specimen of diseased bladder, in which the muscular coat is nearly equal in thickness to my forefinger; a thickening consequent on stricture of the urethra. Here are other specimens showing the same fact. The thick muscular fibrous substance of the bladder, in this condition, is really not at all like the thin muscular fibres of the natural healthy organ. When the bladder is thus inflamed on its internal surface, and thickened in its muscular coat, it frequently happens, that incontinence of urine takes place, a state which appears at first view to be just opposite to that which you would expect to find in stricture of the urethra. The narrowing of the canal in stricture of the urethra, of course, primarily produces an impediment to the passage of the urine from the bladder, but, in this particular case, when the stricture has lasted for a very considerable time, and has become of itself very considerable, incontinence of urine takes place. The manner in which this condition arises is this. The forcible contraction of the thickened bladder expels the water in small quantities into the urethra, the resistance of the neck of the bladder being no longer able to counterbalance the contractions of the thickened muscular coat; and the urethra is thus kept full, up to the point at which

the stricture is. In the natural state, of course, there is no water in the urethra, because the contraction of the sphincter vesicæ counterbalances that of the muscular coat, and retains the urine in the bladder till a voluntary attempt is made to force it out; but the involuntary and violent contractions of those changed parts, overcome the strength of the sphincter vesicæ, force out the water, and fill the urethra, and, as the latter is thus kept filled behind the stricture, a certain quantity is continually passing through the contracted part, impelled by the action of the respiratory and abdominal muscles, as well as the continued action of the distended bladder, and thus it is that incontinence of urine takes place in these cases. Again, the irritation which is kept up in the urethra, by the distention of the canal, and by the forcible attempts made to urge the water forward from behind the stricture, produces inflammation in that part of the canal, and this goes on to the formation of abscess which bursts externally, and through that opening, not only the matter but the urine escapes, which prevents the closure of the aperture again, constituting what is called *fistula in perineo*. The preternatural opening thus produced relieves the patient for a time, it allows a more ready escape for the urine, it takes off the pressure from the posterior part of the urethra, and thus relieves the patient from the more urgent symptoms; however, as the stricture of the urethra continues, and as the fistula contracts, the difficulty and inconvenience are renewed; other abscesses take place, and repeated fistulae are formed. In this way, patients with bad strictures of the urethra often have successive inflammations, producing general condensation, and thickening of the cellular texture of the perineum and about the scrotum, and the perforation of the thickened membrane, with numerous fistulous openings through which the urine is more or less completely discharged, and thus they are ultimately reduced to a very miserable condition. The repeated evacuations of the urine which occur through the scrotum, the inflammation which is produced, the abscesses which form, the urgent desire to void the urine—all these circumstances together bring the patient into a state which renders his life perfectly miserable.—It is, of course, very desirable to find out some means effectually to relieve a person from such a wretched state, and various measures have been proposed for this purpose. In such instances it is sometimes impossible to introduce any instrument into the bladder; we may, perhaps, be able to succeed in getting a very small instrument in, but if we do, we find it gives but little relief; and if we prosecute the cure of those cases, by the introduction of the common bougie, we find that the proceeding is very tedious, and we make way but very slowly in removing the disease of the urethra. It has been proposed, therefore, in those cases to introduce an instrument by main force, through the contracted part of the urethra, and the instrument employed for this purpose, is a conical sharp-pointed silver catheter, which is called by the French *sonde conique*. It is made thick at one end so that it may be strong, and it is brought to a tolerably sharp point at the other. You are directed to pass this down to the stricture, and then to carry it down steadily, in the direction of the axis of the canal, in spite of any obstruction you may meet with. Now it is very easy to direct you to carry an instrument of this kind in the axis of the canal of the urethra, but it is by no means so easy to do it. A variation of the twentieth part of an inch will make the difference between its going along the line of the canal of the urethra, and out through the side of it altogether; therefore it is impossible for any one, however accurate his knowledge of the anatomy of the part may be, to introduce an instrument of this kind, and to thrust it forwards, so as to be certain that he will not puncture the side of the canal. It is, in fact, a completely blind thrust; if you carry it directly through the urethra, and into the bladder, it is lucky for the patient, but the chances are much more in favour of your pushing it through the side of the urethra, and carrying it on through a new passage, if it is carried into the bladder at all. The sharp point of this instrument will enable you certainly to carry it into the bladder in

some way or other; you may carry it through the side of the urethra, under the bladder, and then into it. It is then said, that, having carried it into the bladder, you must leave it in the bladder, and that, after being there a few days, it will get loose, when you may take it out, and gradually increase the size of the instrument. Now it must be very apparent to you that this is a coarse, rude, painful, and unscientific proceeding. You will not be surprised at hearing, that it has often produced aggravation of the symptoms, that it has brought on serious inflammation, that it has caused suppuration in the parts which have been the subject of such violence, and that, in fact, in the already reduced and exhausted state to which patients are brought, by the existence of so serious a disease, the aggravation of the mischief by using an instrument of this kind has proved fatal. I say there are no cases of bad stricture under urgent circumstances, in which you might not carry an instrument with some degree of force into the bladder; but then I should use a catheter of small size; and, in a case where you know the details—the local details, if I may use the expression—where you have already seen the patient, and have been in the habit of introducing a catheter, you may introduce a small one in this way, carrying it pretty much by main force into the bladder. There are cases in which such a thing may be done, although it is difficult to describe in a general way where it should be done, and where it should be avoided. When I speak to you in terms of reprobation of forcing an instrument into the bladder, I speak of the general plan of treatment, and I consider it, as a general plan of treatment, objectionable, although you may use a certain degree of force in some cases, where you are quite confident that you are carrying the instrument in the proper direction, and that you are using that force with safety to the patient.—The application of caustic has been considered a proper mode of treatment in those bad cases of stricture; but the various reasons I have already enumerated, make it a very undesirable mode of proceeding in cases of this kind. Inflammation is the great cause of mischief in those instances, and unquestionably you run a great risk of aggravating inflammation, and of increasing the sufferings of the patient by the application of caustic. I do not consider it an advantageous mode of proceeding; on the contrary, I think there is a great risk of aggravating the mischief which, by its use, already exists. Another mode of proceeding has been that of making an incision in the perineum, and cutting down upon the contracted part of the canal; having previously introduced an instrument from the orifice of the urethra down to the situation of the stricture, taking that as the guide, cutting down upon it through the integuments and soft parts in the perineum, and, having found its extremity, carrying a fine probe through the stricture, dividing the thickened part, and passing the instrument forwards into the bladder. This is a very difficult and very uncertain piece of dissection. You are cutting through parts which are thickened and indurated, and which, therefore, are exceedingly changed in their condition and relative position, in consequence of disease; you are cutting, therefore, almost completely in the dark, at a considerable depth from the surface; and, in consequence of that circumstance and of the blood which is poured out during the operation, you can see but very indifferently what you are about, and in some cases it has been found that the parts have been cut very differently from what was intended; even the bladder and other parts having been wounded, and as much or more cutting produced than would be necessary for the performance of the lateral operation for the stone. The result of these operations has been very unfavourable and fatal, so that, considering the whole, I cannot regard this as a desirable mode of proceeding generally. Another mode of proceeding has been proposed by Mr. Stafford, a gentleman who was house-surgeon at this hospital. When I say proposed, I should rather say revived, for it is a plan which was in existence before; this is, the plan of introducing down to the stricture a catheter which shall convey in its cavity a lancet, capable of being protruded from the end

of the instrument. Supposing, therefore, in a case of stricture, that the canal is so small and so hard, that no instrument whatever can be introduced into it, the mode of proceeding adopted by Mr. Stafford in such a case would be, to employ an instrument such as I now show you, consisting of an ordinary catheter, split at the end, and containing in its interior a lancet, which can be propelled forwards by a spiral wire spring, connected with the other end of the instrument. I fancy there is a screw by which you can regulate with proper precaution the distance to which the lancet may be projected, so that you can send it out an eighth, a quarter, or three-quarters of an inch, and so on. You will observe, that, by pressing down this spring, the lancet projects through the slit in the catheter, and, of course, when it is thrust out in this way, it will cut through the whole of the substance with which it comes in contact; then you draw back the lancet, and if a sufficient opening is made, an instrument will pass through it, or you may repeat this process from time to time, till you have cut through it to an extent allowing the catheter to pass along. In cases where the stricture is very bad, and the canal very small, where such an instrument can hardly be introduced, Mr. Stafford employed another mode of proceeding; he has a very small canula, like a sort of small catheter, with an opening at the end; through this canula he introduces a wire, so that the wire will pass through the stricture; then, having withdrawn the canula, which has been passed into the urethra, and served to conduct the wire to the stricture, he carries over the wire which has been thus introduced, one of his instruments containing a lancet, which is, in fact, divided into two parts, so that, when it is thrust out, it cuts on each side of the wire which has previously been introduced into the stricture; the wire, therefore, forms a kind of guide, by which the lancet is carried directly into the stricture. It appears to me, that this mode of proceeding, when cautiously adopted, is safer with respect to the patient, than either of the methods I have just described, and that, in many instances, it will be effectual in making an opening through a contracted portion of the urethra. I have not seen these instruments frequently employed myself, but I have seen them used in some cases, and I have not seen any harm whatever result from their employment, while, in one case particularly, which I had the opportunity of seeing with Mr. Stafford, after the repeated introduction of an instrument of this kind, and, by means of its employment, carrying in the instrument through a large portion of the contracted part of the canal, a full-sized catheter was ultimately passed into the bladder. I was present when this was done; it was introduced into the bladder of a gentleman who had not had an instrument beyond the smallest size passed through the stricture for many years before, and who had been labouring all that time under the pain and difficulty attending a stricture of that sort; and at the time the instrument went in, had been voiding his urine by drops, and with great difficulty, for a long time previously. The introduction of the instrument immediately liberated him of about three pints of strongly ammoniacal and highly offensive urine, and ever afterwards a large instrument could be introduced. I should conceive, therefore, that this plan of Mr. Stafford is one well deserving a trial in these bad cases of stricture of the urethra.—In the case of stricture of the urethra, where the contraction is considerable, I have mentioned to you, that the introduction of instruments may easily bring on complete retention of urine; that the accession of inflammation, produced by any external cause of irritation, such as the use of instruments or caustic, or by any internal cause, such as imprudence in diet, excess in drinking, and so forth, is capable of converting the difficulty of making water into actual retention, and the patient finds that he cannot void his urine at all. It has been commonly said, that the retention of urine in these cases arises either from inflammation of the urethra, or from spasm affecting the strictured part, but I confess I am unable to point out the difference between those two states, and, in fact, I believe there is no difference between them; still less can I see the

propriety of a threefold division of those cases—retention from stricture, retention from inflammation, and retention from spasm. In fact, inflammation is the essential condition, for it produces a narrowing of the urethra; and an accession of inflammation in an already strictured portion of the canal produces actual retention of urine. The idea of spasm in those cases may have arisen from the notion which some entertain respecting the *muscularity* of the urethra. I am not aware that the canal of the urethra is, generally speaking, muscular; it seems to me to be altogether different from a muscular organ. There is a certain portion of it which has muscular fibres placed exterior to, and surrounding, it, on the outside, but the rest of the canal, as it seems to me, does not possess muscular structure. Again, the administration of opium sometimes relieves retention of urine, and opium being deemed an antispasmodic, it may have been supposed that this state arises from spasm in the canal.—When retention of urine comes on, the local pain, and the whole of the symptoms, are aggravated; a high degree of constitutional disturbance arises, for you have complete obstruction of that excretion which takes place through the medium of the urinary organs. When a complete retention of urine is produced, it seems to influence, in some measure, the secretion of the urine. The secretion goes on at first certainly with freedom, but the difficulty of the excretion appears soon to produce defect in the secretion, and you all know that that will have a most important influence on the animal economy. I need not mention, that it must have the most important influence on the system generally. The urine is confined, and accumulates in the bladder, which it distends; it causes a firm swelling in the lower and anterior part of the abdomen; you find a hard tumour above the pubis, circumscribed and rising from the pubis; this tumour rises higher and higher up in the abdomen as the accumulation goes on, reaching to the navel and higher; pressure on it produces more or less pain, in general according to its extent. In this state the patient experiences repeated and most painful efforts to make water; there is a constant desire to liberate the bladder from the urine which accumulates in it; involuntary efforts are made for that purpose, with great aggravation of the patient's sufferings. In considering, therefore, that the symptoms under which the patient labours arise from retention of urine, you must direct your careful attention to the consideration of the bladder. If the patient does not make water, that does not show, of itself, that there is retention of urine; a person may not make water, in consequence of no water being secreted; there may be suppression of urine, that is, there may be a deficiency in the action of the kidneys, there may be *ischuria renalis*; but the retention of the urine is mainly indicated by the distended state of the bladder, and that is a necessary symptom to enable you to determine that retention of urine exists. The retention may be total, or it may be partial. When we say that a patient has retention of urine, we do not mean to imply by that expression that no urine whatever escapes from the urethra; on the contrary, incontinence of urine, as I have mentioned to you, is one of the symptoms attending retention; and, in the same way, there may be a partial escape of urine through the urethra of a person who has retention of urine. The mere circumstance, therefore, of urine coming away involuntarily, must not deceive you in such a case; you must examine the state of the abdomen, to see whether that tumour, which will be the consequence of the distended bladder, exists in the hypogastric region.—The treatment in those cases, where the cause of the symptoms is inflammation, should of course be antiphlogistic. You must, of course, take blood either from the arm, if the condition of the patient admits of it, or by the application of numerous leeches to the perineum, or region of the bladder. Let the patient go into the warm bath, or the hip bath, or apply fomentations, or sponge the perineum and lower part of the abdomen with warm water; give active aperients which will operate quickly, such as calomel, jalap, or castor-oil, or the ordinary purging mixture; follow this up

afterwards with the free exhibition of antimonials, the tartrate of antimony. In many cases, after bleeding, the use of active purgatives and of the warm bath, effective and speedy relief will be experienced by the administration of opium, in large doses; give a draught, containing a drachm of the *tinctura opii*, in the evening, and about two hours afterwards repeat the dose. In these cases Mr. Cline recommended, and was in the habit of employing, the *tinctura ferri muriatis*, giving ten or fifteen drops of it, and repeating the dose every ten or fifteen minutes. I believe general experience has not led to the placing of any very great confidence in the use of this remedy; I have seen it administered, however, in certain cases, where the evacuation of the urine, by the natural course, has come on afterwards, but I have not, I think, in general seen it employed alone, so that I can hardly say that, in any case, I think the influence of that particular remedy has been the means of relieving the patient. The antiphlogistic treatment, therefore, and that of an active kind, and then the exhibition of opium pretty largely, will be, generally, the most effective plan.—Now when a patient has retention of urine, the idea naturally arises in his mind, that the surgeon ought to draw off his water; he expects that the catheter shall be introduced, and is rather disappointed if the surgeon cannot do this and liberate him from the inconvenience which he suffers; but as inflammation is the cause of the mischief in these cases, you would hardly suppose that the introduction of an instrument would be likely, as a general means, to be very advantageous; indeed, it is very capable of aggravating the mischief which exists; therefore in instances of this kind, where the retention depends on inflammation in the urethra, it is desirable to do all we can to overcome that inflammation, before we attempt the introduction of an instrument, and to endeavour to relieve the patient, if we can, without the introduction of an instrument at all. If, however, the employment of the means I have mentioned to you should not be productive of relief, we should then employ an instrument; a small bougie may be introduced, and, if it can be passed through the stricture, it may be allowed to remain for a short time, and then withdrawn; or a fine elastic catheter, with a stylet, may be introduced for the same purpose, and it is not necessary to pass it into the bladder, for if you pass it beyond where the stricture is, the patient will be relieved; or a small silver catheter may be used for the same purpose, and, being of a harder substance, will enable you more easily to pass the stricture, though you must take care that you do it with a safe degree of force. If you introduce such an instrument into the bladder, and let off the urine that has accumulated, the question will occur, whether you should leave it there or withdraw it, and introduce it again if the difficulty of passing the urine recurs. Now, if the presence of the instruments does not excite pain and uneasiness, and if you have introduced an elastic catheter, it is well to leave it in its situation, confining it to the extremity of the penis, and, by putting a plug into it, the patient can draw off the water as it accumulates; but if, as it frequently happens, the instrument produces great pain and uneasiness, it will be necessary to take it out, and to trust to your power of reintroducing it when you can. If you are able to leave it in the bladder without uneasiness, it will commonly be quite unnecessary to leave it longer than forty-eight hours, for you will then be able to take it out to introduce a catheter of full size, and the patient is completely relieved from the disease.—Supposing you should not be able to introduce an instrument of any kind into the bladder, after the treatment you have adopted for the relief of the patient labouring under symptoms of retention of urine, what course then would you adopt? In such a case, the patron of the conical-pointed sound, to which I have already alluded, recommends the introduction—the forcible introduction—of it into the bladder, against which all the objections I have before mentioned as applying to it may be made. If this be not done, the only other measure consists in puncturing the bladder, by which you get rid at once and completely of the cause of the mischief; you

relieve the stricture from the pressure of the urine against it, you remove the accumulation from the bladder, and, by leaving a canula in the opening which you have made, you provide a remedy against any recurrence of the evil; you have the power of relieving the patient when you like; you have the advantage in this proceeding of emptying the bladder without any irritation to the urethra; you completely take away from the urethra any source of irritation or inflammation, and leave the canal in that quiet state in which it will recover its natural condition; and you find, in a short time afterwards, that you may introduce, if necessary, an instrument of sufficient size for all the requisite purposes; the pressure against the strictured part of the urethra is removed, the inflammation in the canal subsides, and the canal recovers, to a certain degree, its natural dimensions. You place the canal, therefore, in the state most favourable for recovery by the operation of puncturing the bladder; but if you force an instrument through the stricture, and leave it there, you of course keep up the irritation in the urethra; in fact, you add to it a fresh source of irritation by the presence of a foreign body; and, comparing the two measures together—that of forcing an instrument through the urethra with that of puncturing the bladder—I consider the latter to be decidedly the most advantageous.

Puncture of the Bladder.—Puncture of the bladder may be effected in different situations. You may make an opening into the bladder above the pubis. When the bladder is distended it rises above the pubis, elevating the peritoneum and separating it from the anterior surface of the organ and the abdominal muscles; so that, behind those muscles, instead of having a peritoneal covering, you have the anterior surface of the bladder itself confined merely by cellular membrane, and you may, therefore, plunge a trocar into the hard swollen substance which you feel just above the pubis, and thus let off the accumulated urine. Supposing the bladder should have risen as high as the navel, you may introduce the trocar midway between the navel and pubis; but if it has not risen so high as that, you would introduce it lower down. You should not introduce it as you introduce a trocar, in the operation of paracentesis abdominis, directly backwards, but you should direct the point of the trocar downwards, so as to accommodate it to the situation of the bladder. In ordinary circumstances, the common trocar which is used for tapping will do for puncturing the bladder above the pubis; but if you were to operate on a very fat subject, you would not find it long enough; you would find it necessary to make a previous incision through the integuments and adipose substance, so that afterwards you would only have to puncture through the abdominal muscles and bladder, therefore a longer canula is required. You would use such an instrument as is used in puncturing the abdomen, then withdraw the stylet, and passing an elastic catheter through the canula, leave it in the bladder, so as to allow you to draw the urine off, should it again accumulate; the end of the catheter is to be fastened by a tape passed round the body, and stopped with a plug, which is to be taken out when you wish to let off the water. It is a very easy proceeding when performed in this way; I have done it several times, and I never saw any ill effects result from the mere puncturing of the bladder. Another mode of proceeding in puncturing the bladder is from the rectum; the under surface of the bladder rests on the rectum; you introduce your finger into the rectum, and feel a large tumour pressing downwards upon it; you may be satisfied that it is the bladder, and if you use a curved trocar and puncture the middle of the tumour with it, you evacuate its contents. You guide the point of the trocar between the two fingers of the left-hand, directly into the rectum, carry it upwards and forwards, that is, in the axis of the bladder, and you cannot fail to make a puncture into the organ, and to evacuate its contents in that way. I have never seen the plan of puncturing the bladder from the rectum adopted, and, therefore, in mentioning it to you, I may add, that it is said the canula may be withdrawn, and the patient will void his water himself through the opening thus made. I

only mention it from what is stated; I cannot state it from my own knowledge. Of course it would be inconvenient to leave a canula permanently in the anus, which you would have to do if you were to follow the plan that is adopted in puncturing the bladder above the pubis; it is said, however, that it is not necessary to do that where the bladder has been punctured through the rectum.—The bladder has also been punctured through the perineum, in which case the puncture is made in the situation of the lateral operation of lithotomy. After cutting through the integuments and adipose substance, a trocar may be passed upwards and forwards, so as to perforate the bladder about its neck; or after cutting into the perineum, you may make an opening into the membranous portion of the urethra, behind the bulb, where it is distended; and in other cases you may force an opening into some other part. It appears to me that the opening above the pubis into the bladder is the simplest and most convenient. If the prostate gland were enlarged, you could not puncture through the rectum, for it would prevent your getting into the bladder in the direction you wished.

Ulceration of the Urethra.—It sometimes happens before effective means have been taken to relieve the patient from retention of urine, either by introducing an instrument through the urethra, or by puncturing the bladder, that the bladder becomes evacuated in another way, that is, the *urethra ulcerates* behind the stricture, or sloughs so that the urine escapes, through the opening thus made, into the cellular membrane surrounding the canal; the urine, in fact, becomes *extravasated*, and when it passes in this way out of the urethra into the cellular membrane, the continued and repeated urgent efforts of the inflamed bladder to rid itself of its contents, forcibly inject the fluid into the cellular membrane, and propel it from one part to another, until at last it is carried through the cellular membrane to a very considerable distance from the seat of its original admission. In the first place, the cellular membrane about the anus, scrotum, and penis, becomes filled with urine, and enormous swelling of those parts is the consequence; the urine then passes into the cellular membrane of the lower part of the abdomen, of the inside of the thighs and groins, and the irritating fluid thus injected into the cellular membrane in this extensive way, produces a high degree of inflammation, attended with suppuration and mortification of that structure; and when suppuration and mortification of the cellular texture are produced to a considerable extent, mortification of the integuments covering it necessarily follows. This local mischief is attended by a high degree of inflammatory febrile disturbance, and the patient is brought into a state of the most serious danger; in fact, the constitutional disturbance produced by this extensive inflammation of the cellular texture, quickly brings the patient into the greatest danger.—*Treatment*: All that we can do in these cases, is to give a speedy and effective exit to the urine; to cut down through the integuments and cellular membrane in the perineum, to the part at which the urethra has given way, and thus to allow of a ready and direct exit for the urine; also to make incisions in other situations to which the extravasation of the urine has extended, so as to allow the escape of the fluid from the different parts where it has been injected into that membrane, and at the same time to allow of the ready escape of the matter, and of the sloughs of the cellular membrane. The ordinary situation of stricture being in the membranous part of the urethra, you would, in the first instance, unless there should be any particular circumstance prohibiting it, cut down through the perineum, in the situation in which you would cut for the lateral operation in lithotomy, and cut as nearly as possible into the membranous part of the urethra; this allows the urine to escape, and affords a ready and free exit for any that may afterwards be secreted. But the mere making of such an opening is not sufficient, for in bad cases the scrotum, penis, inside of the thighs, the groins, and the cellular membrane of the abdomen, become externally injected with the urine; it is necessary, therefore, in these cases, to make further incisions to let out the urine which has gained admission into those

parts. Very great relief is produced when the urine is thus evacuated, and the patient, from a situation of the most urgent danger, becomes in fact so relieved, that you hardly think he is in any danger at all. Extensive mortification of the cellular membrane, and of the integuments, often, however, occurs, for all those portions with which the urine comes in contact, perish; you have large sloughing taking place in the scrotum and penis, and the testicles are often completely denuded; but still, if the patient is effectually relieved, you find that this extensive destruction is repaired, and that the patient recovers after passing through a state which you would suppose necessarily to be fatal. I do not know any more remarkable recoveries, from apparently desperate situations, than those which take place under circumstances such as I have now mentioned to you.

THE OATH OF HIPPOCRATES.

[This very extraordinary document, which has been handed down through a long course of ages, or nearly three thousand years, exhibits to us several interesting particulars respecting the medical practice of the ancient Greeks. We insert it in the 'Medical Times,' as the *avant courier* of several biographical particulars, which we shall shortly have the opportunity of giving, respecting this most venerable and exemplary of the FATHERS OF PHYSIC.]

"I SWEAR by APOLLO, the great Physician, by ÆSCULAPIUS, by HEYGEIA and PANACEA,* and by all the other GODS and GODDESSES, that, to the best of my power and judgment, I will faithfully observe this Oath and Obligation.

"I will esteem the MASTER who has instructed me in the medical arts, as I do my parents;† and I will supply him, as occasion may require, with the comforts and necessities of life. I will regard his CHILDREN as my own brothers, and, if they desire to learn, I will instruct them in the same ARTS, without any reward or obligation.

"The PRECEPTS, the EXPLANATIONS, and whatever else belongs to the MEDICAL ART, I will communicate to my own children; to the children of my MASTER; to such other pupils as have subscribed the PHYSICIAN'S OATH, and to no other persons.

"I shall treat my PATIENTS, to the best of my power and judgment, in the most salutary manner, without any injury or violence; and I will not be prevailed upon by any person to administer pernicious drugs, nor will I be the author of such advice myself.

"I will not recommend a PESSARY to any woman, to procure ABORTION, but will live chastely, and practise religiously.

"CUTTING FOR THE STONE I will not meddle with, but will leave the same to the OPERATORS in that Art.

"I will always make the PATIENTS' good my *principal aim*, to whatever house I may be sent for; avoiding, as much as possible, all voluntary injury and corruption, especially all venereal matters, whether among women or men, bond or free.

"And whatsoever I may hear or see in the course of my practice, relating to the private affairs of my patients, I will never reveal nor discover to any other persons; that is, if the same ought to remain a secret.

"May I prosper through life, and in my profession as a Physician, and be for ever honoured and esteemed by all men, as I observe, and not confound or break this solemn *Oath*; and may the reverse of all this be my portion, if I violate the same and forswear myself!"

* Heygeia and Panacea were the Goddesses of Health, and daughters of Æsculapius.

† Hippocrates (or the "Wonderful Old Man," as Soranus and others style him) flourished during the time of the famous Peloponnesian war. He was a native of the small Greek island of Cos, and the son of Hecleides, the Physician, by his wife Phænaretes. He was descended from Heracles and Æsculapius, being the 20th in a direct line from the first, and the 19th from the second. His genealogy is thus given by Eratosthenes, Pherecydes, Apollodorus, and Arius of Tarsus. He was first a pupil with his own father; secondly with Herodicus; afterwards with Gorgias, the Orator of Leontinum, in Sicily; and with Democritus, the Philosopher of Abdera, on the coast of Thrace.

CORRESPONDENCE.

UNIVERSITY OF ST. ANDREW'S.

To the Editor of the 'Medical Times.'

SIR,—As a specimen of the examinations to which aspirants to medical honours at the University of St. Andrew's are subjected, may not be without interest to some of your numerous readers, I forward the following, which took place in May 1839, for insertion, if you deem it worthy of that honour.—He was first examined on a portion of Gregory's "Conspicua"—afterwards, on the sternum, ribs, cervical, dorsal, and lumbar, vertebræ; vertebral ligaments; theca vertebralis; medulla oblongata and spinalis; cervical, brachial, lumbar, and sacral plexuses; of nerves; muscles and blood-vessels of the gluteal region; origin, course, relations, and termination, of the great sacro-sciatic nerve; muscles of the thigh; femoral and popliteal arteries; chlorine, its preparation, properties, combinations with oxygen and hydrogen, uses, tests; ammonia, its salts, preparation of, uses, tests; nitrate of silver, preparation of, uses, tests; amaurosis, symptoms, causes; gastro-enteritis, fever; intestinal worms, symptoms and treatment of; amenorrhœa, treatment of; poisoning with corrosive sublimate, symptoms and treatment of; poisoning with opium, symptoms and treatment of; lingering labour, causes of; ergot of rye, properties, mode of administration, &c.; instrumental labour, cases requiring the use of the forceps, application of the forceps.—Here terminated his examination, and I leave your readers to judge of its respectability; surely it contrasts strongly with the base and unprincipled manner in which the degrees were formerly conferred.—I am, Sir, your obedient servant,

A CONSTANT READER.

Odiham, January 7, 1841.

FATAL PRESCRIPTION BY A DRUGGIST'S WIFE.

WE copy the following paragraph from the 'Liverpool Mercury,' in the hope that it will prove a warning to country practitioners, whose business may not be sufficiently profitable to enable them to keep assistants, and who are consequently compelled to leave their wives in charge of their shops, during their own absence with their patients. We earnestly inculcate, that in such cases, the wives of practitioners may be instructed never to prescribe anything beyond the composition of a plum-pudding; and that their sale of medicines may be confined to doses of castor oil, sealed packages of Epsom salts, or any other domestic medicine of well known properties, and marked character.

"An adjourned inquest was held on Monday last, touching the death of John M'Gre, or Kennedy, a child between six and seven months old. Further evidence was adduced, which went to corroborate the fact, that Mrs. Sheldon (the druggist's wife,) who had *prescribed and sold the narcotic liquid to make the child sleep*, had acted from the best motives, though it had, unfortunately, proved fatal. The jury returned a verdict of 'Accidental death,'—appending a strong reprehension of the negligent manner in which Mr. Sheldon conducted his business."

We beg to remark on this case, that it is the ignorance and presumption of such persons as this Mrs. Sheldon, which bring disgrace and odium on country practice; and it is such instances as the above, which designing men will think themselves justified in using as weapons against the whole medical profession. We never could tolerate the sight of a woman behind the counter of an apothecary's shop; her proper place is the parlour, and (if she be not too much of a 'lady' to look after the interests of the family,) the kitchen.

TO CORRESPONDENTS.

We have received from several esteemed Correspondents, interesting documents relating to the Medical Education, Mode of Examination, &c., of the Universities, for which we return thanks. We shall feel obliged by similar favours from other quarters; indeed, Medical Statistics from every quarter, at the present important crisis, will be acceptable, as it is our intention, shortly, to commence a series of papers descriptive of the mode of Medical Education pursued in the various Colleges and Universities of Europe and America.

We thank Dr. H., his letter shall be inserted next week.

Several works are under consideration for Review. Authors and Booksellers are requested, for the future, to transmit their favours early in the week, as books which come late cannot possibly be noticed, except in the succeeding Number of the 'Medical Times.'

T. L. is informed that Siruba, or the native Oil of Laurel, was first introduced into this country by Dr. Hancock, from Demerara; it is collected by the Indians from the trunks of certain trees, known only to themselves, where it becomes lodged in natural cavities, which contain from one to three gallons. When the tree is felled or pierced, the siruba gushes out and is received in calabashes prepared for that purpose.

Our Advertisers, generally, are respectively informed, that MR. BALLARD is our only authorised Agent for the collection of Advertisements.

All Letters for the 'Medical Times' must be addressed to the Proprietor, T. BAILEY, at the Office, 10, Wellington-street North, London.

THE MEDICAL TIMES.

MR. HAWES' "MEDICAL REFORM BILL."

THERE are three things which we have often heard admitted, and that too, by persons of all classes, viz., that medical men, as a body, are the most learned, the most useful, and the least remunerated, of all the learned professions; but lest we be deemed arrogant in the repetition of such a proposition, we appeal to the churchman and lawyer, themselves, whether the sciences requisite to be studied by a well-educated physician or surgeon, are not of a higher order, and more extensive range, than the mere acquisition of what are called "learned" or dead languages,—than an acquaintance with a few theological dogmas—than proficiency in the obliquities of law, and in the art of perverting truth and justice? If this question be answered in the spirit of fairness, there will be no necessity for attempting to prove the superior usefulness of the medical body; that the remuneration, however, of that body is by no means commensurate to the toils which they undergo, is, alas! too true. Who ever heard of a medical practitioner, of any grade, being made a Peer of the realm? Who ever saw a surgeon clothed in ermine and scarlet, sitting on the side or cross-benches of the House of Lords? Who ever beheld a physician attired in lawn, and silken robes, sleekly reposing on the bench of bishops? No; no; these, the highest honours of Church and State, are monopolized by, and reserved for, the priest and the lawyer; it is from the classes to which these belong, that the crimson and lordly benches are recruited with the Lyndhursts, the Broughams, the Wynfords, and the Eldons,

the Tenterdens, and the Ellenboroughs; with the Howleys, the Bloomfields, the Philpots, the Maltbys, the Sumners, and the Coplestones. The poor doctor's life is a mingled tissue of toil, anxiety, and care; he is frequently blamed for faults not his own, and scarcely ever gets credit for any good which he may do. After a toilsome and noisome attendance on the sick during twenty or thirty years, he perhaps succeeds in establishing a practice of about a thousand or two per annum, two-thirds of which are upon his books; and the utmost that he can do for his children, is to procure parliamentary interest for one of them to "serve his Queen," as a midshipman; and for another as an ensign of foot. If he have a third son, he places him in his own laboratory or surgery, and, after spending from £500 to £1000 on what is mis-called his "education," in London, he adopts him as his partner and successor; that is, as the heir to all the toil and trouble which he, himself, has undergone!

The above peroration to our dissection of Mr. Hawes' "Bill," has not been given as an invidious comparison of the relative conditions of professional men, as regards wealth and honours; but in order to demonstrate to medical men, that in regard to real learning, and true value in society, they, themselves, actually occupy the first (because the most learned and useful) professional rank in that society; and that, therefore, though they may not (as a body) be ambitious of titles and riches, it at least behoves them to fortify the order to which they belong, with that *esprit du corps* which will enable any well-organised confraternity to beat off all ignorant or audacious invaders of their privileges and their honour.

It appears by the "Bill" before us, that one of these invaders (and they are numerous), has been setting his mischievous brain to work for the invention of as many species of chains, bolts, thumbscrews, and other instruments of vexation, as the far-famed Spanish Armada is reputed to have been laden with, for the torture of Englishmen, and the extraction of money from their pockets. We trust that the whole Armada of Parliamentary "Medical Reformers," such as have hitherto come forward, with their bills, schemes, and plans, may meet the fate of their prototype, rather than they should ever hold within their greedy and unhallowed grasp the destinies of men who are the guardians of the health of the people of Great Britain and Ireland. It shall not be our fault if we do not raise a storm that will speedily send them to the bottom.

But who is this *soi-disant* Medical "Reformer?" A soap-boiler, MR. BENJAMIN HAWES! a soap-boiler in the Borough to "Reform" the Medical Profession! We shall next have a sweep legislating for Brookes's, Boodle's, the Alfred, and the Clubs generally—a dustman laying down the law for the Lady-patronesses and frequenters of Almack's—a costermonger drawing up regulations for the Court of Queen Victoria! What can this soap-boiler know of Medicine or its professors? The spirit which actuated him

in bringing in such a Bill as that before us, proves that he knows *nothing* of the former, and the provisions of that Bill show plainly, that he knows *less* of the members, power, respectability, spirit, and determination, of the latter. Mr. Benjamin Hawes will do well to go back to his trade of soap-boiling, and to LET US ALONE; for, by the mighty pestle of Æsculapius, *his Bill shall never pass in its present state, at all events.*—*Sat verbum sapientibus!*

The preamble to this precious document contains three distinct propositions, which it will be necessary to notice before we proceed to analyse the provisions which Mr. Hawes has laid down for our future government.—The first is, "Whereas it would tend to the advantage of the public, to alter and amend the laws touching the Medical Profession." Now, he ought to have adduced some cases in proof of this necessity for alteration and amendment, and advantage to the public, before he assumed, and so authoritatively laid down, his all-powerful "WHEREAS," without doing this, if he have any pretensions to logical reasoning, he cannot proceed a single step with his Bill. A logician would, *in limine*, have proved the necessity for the alteration. It is true that great abuses do exist in the medical, as well as in all other professions; it is also true that many of the medical practitioners of London and its neighbourhood, have occasionally met during the last two or three years, at Exeter Hall and elsewhere, under the name of the 'MEDICAL ASSOCIATION,' and that these practitioners have made many speeches, and passed resolutions respecting these abuses. But, what man is there of common sense, and knowledge of the medical profession, who cannot perceive, from the tenor of these speeches and resolutions, that the abuses in question (trifling or otherwise), were made the *stalking-horse* to carry a more important measure into operation, viz., the monopoly of medical practice in their own hands, by raising the price of qualification, and so excluding from it many ingenious and well-educated youths, who can not afford to pay the exorbitant charges about to be imposed. This is the truth; and however unpalatable to the would-be monopolists, we fearlessly state it, more particularly as Mr. Hawes' Bill goes even a *step farther*, as we shall afterwards see, that is, to deliver over bound hand and foot, the whole medical profession of England, Scotland, and Ireland, to be ruled with a rod of iron, by a Senate and Council sitting in London, and composed chiefly of these very practitioners! If the arguments and intentions of these medical associates be the proofs of a necessity "to alter and amend the laws touching the medical profession," we at once arrive at the full meaning of Mr. Hawes' comprehensive "WHEREAS." But then he ought to have explained this at farther length: he ought to have said, "whereas, it is expedient for the interest and advantage of certain medical practitioners, being members of an Association, meeting at Exeter Hall, &c.;" but, alas! if he had explained the true grounds of the matter, he could scarcely have had the brass to add that the "PUBLIC" would be at all

benefited by the intended change. We trust it will not be imagined for a moment, that we are the advocates of medical abuse of any kind; but we would a thousand times prefer submitting to any abuses that may exist, than permit them silently to be the stalking-horses to carry a Bill through the two Houses of Parliament, which would make *bondsmen* and slaves of a whole profession.

INQUEST EXTRAORDINARY NEAR WINDSOR BARRACKS.

(Concluded from p. 212.)

ALL our medical readers must readily agree with us, that never was presented to them, in the shape of a coroner's inquest, such a mass of incongruities, absurdities, and contradictions, as are contained in the foregoing report, as given to us in the *Times* newspaper. We are aware that many *queer* statements, assertions, and opinions, are in the habit of passing muster in inquest-rooms, from the ignorance of coroners and their juries of the anatomical structure and organization of the body, and of the effects of medicines and poisons on the constitution; but we appeal to all persons endowed with common sense, whether such evidence as the above ought to have passed muster any where?—But, as we have before surmised, this report *may* have been the result of bungling ignorance on the part of the person who transmitted the same to the *Times*; if so, it is due to the character of the medical men concerned, that they, *themselves*, should put the public in possession of the *real* facts, either through the medium of the *Times*, or some other newspaper. The columns of the *Medical Times* shall be open for any explanation of the circumstances, either by them, the coroner, or his clerk; and we certainly expect, that in some shape or other, this recommendation, or invitation, *will not be neglected*.—If the reporter's object was to varnish, or conceal part of the evidence, so that the same might not be altogether unfavourable to any of the witnesses, we think that the latter have great reason to exclaim "save us from our friends!"—for all who have read the mystified account which we have above attempted to analyze, must have but a very indifferent opinion of the medical practice at Windsor Barracks. We have no wish to offend any party; but we will do justice to the public to the best of our power; at the same time we are anxious to rectify any mistake, or remove any misconception, into which we or others may have fallen, by reading the report in the *Times*.

But, what are the *inferences* which naturally present themselves to us, in viewing the death of this girl, according to the circumstances with which we have been made acquainted?

1st.—That it is deplorable, that in a town like Windsor (the very seat of royalty), there should not be some dispensary or other institution to which the poor might resort for medical aid, instead of being compelled to go to a soldier's barrack, which, all the world knows, is anything but a proper place for "fine young girls" to visit.

2nd.—That no such uneducated persons as Sergeant Lindell, ought ever to be intrusted with the lives even of their *comrades*, in the way of making up or dispensing medicine: there are many *educated* young men unemployed, to whom such a situation would be both a home and the means of accustoming them to medical and pharmaceutical practice. False notions of economy ought never induce an army surgeon, or other regimental authority, to take a man from the ranks to perform medical duties, it may

be very well to employ such persons as valets and grooms, but not as *Apothecaries*.

3rd.—Do not the above contradictory opinions and statements prove to us, that *all coroners and their clerks* ought to be *medical men*?—that is, that they ought to be prepared for their respective offices, by medical education? Nine out of ten cases of death which come under inquiry, are of a nature which requires a knowledge of anatomy, physiology, and medicine, to understand them. *All* cases of *poison* are of this sort. A medically educated man is able to direct and instruct the jury as to all suspicious and other points and circumstances, which may be given in evidence; and if his presence as judge in an inquest court were to have no other effect than to check the flippant, and often unconsidered, evidence of medical witnesses,—that of itself would be a great improvement in our medical jurisprudence. Had Mr. May been a medical man, the inquiry would have been more strict and scrutinizing; the contradictory statements would not have passed without due notice and reprobation; and perhaps the verdict of the jury would have been *different*; had his clerk too, been a medical man, authorised by law, and paid for giving an account of all inquests to the public, we should, most certainly, have had a very different version of the cause of the death of LETITIA FRIDAY, from what our duty has compelled us to copy from the columns of the *Times* newspaper.

INTRODUCTORY LECTURE TO THE SECOND DIVISION OF THE ANATOMICAL SESSION 1840-41.*

Delivered at the Charlotte Street School of Medicine. By G. D. DERMOTT, Esq., Lecturer on Anatomy and Surgery.

(Continued from our last.)

You know that the blood is the grand circulating magazine of vitality, which by its stimulus excites and keeps up organic action in all the structures through which it circulates, and one distinguishing characteristic of this vitality in the blood, is that it occasions the blood, when at rest, to coagulate—recollect that this coagulation of the fibrine or coagulable lymph of the blood is not simple congelation, but it is an act of vitality. When the blood is received into a basin or any receptacle out of the body, it coagulates, and in coagulating it *dies*; this then is what I would term the *dying act* of the vitality of the blood. But should this same fibrine be accidentally thrown out upon the surface of a living membrane, it coagulates, but vitality does not stop here, for owing to an *affinity of life* established between the membrane on one hand, and the coagulable lymph on the other, the coagulated lymph may become organized, and a tumour may be formed; (I conceive, the coagulable lymph possibly receiving a supply of vitality from the membrane;) that if two living structures or substances in the same animal are contiguous, vitality is communicable from the one to the other, provided the latter is in a state of predisposition to receive the same. I believe that contact thus establishes a vital affinity between parts, a sort of *vital commonwealth*, and it is in this way that I would account for the "*sympathy of contiguity*" of John Hunter. I believe that this principle is not only eliminated from the blood by the living agency of the extremities of the arteries, but it, like heat, permeates through living structure, and is communicable from one living substance to another.

You must not suppose that because a part possesses vitality it must be organized. No such thing, the coats of the minutest vessels cannot possess organization—that is, these minutest vessels cannot be supplied with vessels minuter than themselves—still they pos-

sess life. The same observations may apply to the circulating vessels of vegetables, and many parts of the human body have not yet been proved to possess vessels, still we cannot deny them some degree of vitality.

Another characteristic property of vitality is, that its presence in a dense membrane, however thin that membrane may be, the peritoneum or pleura, for instance, resists transudation.—Thus, in reference to the theory of *endosmosis* and *exosmosis*, how absurdly do some individuals argue, that because, by making experiments upon pieces of *dead* membrane, they find transudation exists, they start to the conclusion at once that the same takes place through *living membranes*. Could anything be more absurd? The membrane resists transudation as long as it possesses vitality; on the other hand, as soon as the vital principle forsakes the peritoneum, then we have the transudation of bile through the gall-bladder, tinging the neighbouring portions of intestines, and we have the peritoneum at large becoming impregnated with the odour of the more fluid part of the *faeces*.

It is by virtue of this living principle that organic bodies have the power of accommodating themselves to certain circumstances—of recovering themselves after they have received an injury—that the wound heals itself—a broken bone unites—a mortified part separates from the living—noxious gasses and redundances are carried off by the excretories—a hæmorrhage stops itself—and the loss of blood is compensated for by the contractile power of the vessels adapting them to their contents—that an animal has, moreover, the power of self-preservation, and of producing another animal life itself.

The arteries terminate everywhere in the frame in the form of minute secreting mouths, which deposit the substance of structures and fluids; the absorbents, a totally different class of vessels, commence everywhere and take up a great deal of what the arteries deposit—this action of the arteries in living substances was called by Hunter *interstitial deposition*, and that of the absorbents *interstitial absorption*. These two vital actions are constantly continuing more or less in every part of the frame, and the body is constantly undergoing a change of substance: these changes take place very visibly, both in the animal and vegetable kingdom. The whole creation is perpetually falling down to make room for something else. The animal builds himself up upon the remains of other animals or vegetables, and when it has arrived at a certain stage of maturity, falls into a state of decay, death, and decomposition, for something else to subsist upon. There are animals which only live for an hour, and those also which live to a great age, and vegetables which endure still longer.—The fossils even change their place, whilst new ones are substituted for them.—The surface of the earth itself has undergone some very considerable changes, and we have a right to suppose that its interior has too. The planets which have been seemingly the same in all ages, may be, comparatively, only the *arrangement* of a day.

You see by this chart that the animal kingdom is arranged by Cuvier into four great divisions, viz.—the VERTEBRATA, MOLLUSCA, ARTICULATA, and RADIATA.

The animals in the first division possess a skeleton, consequently a spine, and are termed the vertebrated animals. Those of the other two divisions have no skeleton, and are termed the invertebrated animals.

In the first division, then, you see we have the class MAMMALIA. These possess the most perfect articulated skeleton—a diaphragm—a

heart with four cavities, two auricles, and two ventricles. Their vascular system carries warm and red blood—their lungs completely fill the cavity of the chest—and they are, properly speaking, the only viviparous animals.

The *orders* in which the mammalia are arranged, are principally determined by the differences of their teeth and limbs.—The first five orders (unguiculata) possess nails, and have the power of seizing objects, (I need not say that the lecturers belong to this class,) viz., 1st, *Bimana*, with two hands and three sorts of teeth, canine, incisive, and molar.—*Quadrumania*, four hands and three sorts of teeth.—*Carnivora*, no opposed thumbs, but three sorts of teeth.—The fourth order, *Rodentia*, have no canine teeth—and the fifth, *Edentata*, no incisor. The hoofed mammalia (*unguiculata*) have extremities that cannot seize, and which are only employed for locomotion, form two orders, viz., the *Pachyderma*, large animals of an unshapely form, and the *Ruminantia*.—The last order of the mammalia, the *Cetacea*, or the whales, have no hind limbs, fore limbs very short and flattened in form of fins, thereby fitted for their existence in water, but they must breathe above the surface.

BIRDS, the next class of vertebrata, comprising, as you see, six orders, have a heart with four cavities, like mammalia, two auricles and two ventricles—warm red blood. The brain completely fills the cavity of the cranium. Trunk altogether formed by ribs—no diaphragm—only the vertebræ of the neck and tail are moveable; lungs not free, but attached to the ribs, and the atmospheric air passes through them in its way to cavities dispersed through their bodies.

REPTILES, the next class of vertebral animals, in their several orders (four in number) offer considerable differences but they, notwithstanding, all agree in having a *trilocular heart*, with only one ventricle—the blood is cold, respiration is imperfect, only a portion of the blood in each round of the circulation passing through the lungs.

FISHES, the last class of the vertebrata, comprising nine orders, have no limbs, but fins instead, and only a *bilocular heart*, like the mollusca. The skeleton in many species is very incomplete. They breathe by gills or bronchial openings, consequently they have no lungs, nor trachea, larynx, nor voice. They are divided into those which have a *bony*, and those which possess a *cartilaginous*, skeleton. In some of the latter, the peculiar characters of the skeleton, derived from the vertebrated animals, have almost disappeared.

With regard to the second great family or **INVERTEBRATA**, they have, as their name implies, no vertebral column; and this comprises the divisions **MOLLUSCA**, **ARTICULATA**, and **RADIATA**. In none of the invertebrata are the muscles supported by internal parts—none respire by cellular lungs—none have a voice, and the centre of the nervous system, where any nervous system is found to exist, is not enclosed in a cavity of bone.

In consequence, however, of the varieties in the faculties and habits of particular classes, the unbounded variety of species which these classes contain, and the science of zoology being founded upon distinctions of anatomical structure, zoologists encounter the greatest difficulty, and there is still a great deal to be made out.

The general outline is as follows:—

MOLLUSCA. These individuals are fleshy bodies, and may be divided into mollusca nuda and mollusca testacea, the latter of course enclosed in a shell, as the oyster. They comprehend six classes, and fifteen orders, have a true circulation of blood through arterial and venous vessels. They respire by branchiæ (gills). They

have a brain, and possess a nervous system; some have organs of sight and hearing, others apparently only those of touch and taste; some masticate, others only swallow.

The next division is **ARTICULATA**. Although the animals have a common character, indicated by their name, they are very different in other important particulars of organization. The classes of this division are, you see, four, *Annelida*—*Crustacea*—*Arachnida*—and *Insecta*. The *Annelida*, as the leech and common earthworm, have a very long body, composed of rings, unprovided with articulated feet; they respire by branchiæ; have a system of circulation, and a long-knotted cord, representing the nervous system. This class, you see, comprises three orders.—The *Crustacea*, as the crab and lobster, have bodies and limbs articulated; their outer covering bony, as their name implies; a system of circulation, and they respire by means of branchiæ. This class includes seven orders.—The *Arachnida*, as the common spider, are often confounded with insects; they respire by narrow tracheæ; do not undergo transformations, and have always articulated feet, and eyes in their head.—The *insecta* undergo transformations, and have, in their perfect state, two eyes, and two antennæ in their head, six articulated feet, and two tracheæ, which extend through all the body. This class includes twelve orders.

The last division, **RADIATA**, is divided into five classes, and some of these classes into two, others of them into three orders. Some of the organs which appear essential to life do not exist in them; the nervous system is neither seen as a cord, nor as a system of ganglia (the nervous substance, existing as it possibly does in vegetables, in the form of integral elementary globules), nor is the sexual system apparent. The head, properly speaking, is not found—organ of sight is extinguished. It is unnecessary to trace the last degree of animal life. Zoologists are baffled by the minuteness and number of the objects.

This then, gentlemen, is an outline of Baron Cuvier's classification of animals, some of which are, particularly man, vastly on the increase; in fact the animal creation is predominating more and more over the vegetable—as one is on the increase, so is the other proportionably on the decrease. We have forests disappearing from the face of the earth, cities and towns extending their boundaries, and increasing as to number; and it is a curious topic for speculation, what must be the result should the world last a few thousand years longer. I can conceive a cabbage will then become a luxury, and a grove of trees a curiosity, and that the animal creation will have to subsist principally upon itself. I gather from this reflection that it is a duty which every man owes to after generations, not to cut down forests unless he plants fresh.

I shall now draw your attention to the circulation of blood in some of these classes.

The immortal Harvey was the elucidator of the circulation of the blood in the human body, and mammalia. He proved by the construction of this, the tricuspid valve, the progress of the blood from the right auricle to the right ventricle—by the construction of the semilunar valves, its passage from the right ventricle, through the pulmonary artery to the lungs; its return through the pulmonary veins to the left auricle—by the mechanism of the bicuspid valve its expulsion from the left auricle into the left ventricle—and by the arrangement of the semilunar valves in the commencement of the aorta, its progress from the left ventricle into the former, through which and its branches it is diffused through every part of the body. He also proved its return from the arteries through the veins, upon the strength of the

mechanism of the valves in the veins, and by the application of ligatures upon them.

I will next direct your attention by means of this diagram to the foetal circulation; you see the blood passes upwards through the umbilical vein to the porta of the liver; part of this blood is then carried upwards, through the branches of the vena porta hepaticæ into the venæ cavæ hepaticæ, and so into the vena cava inferior, whilst another portion is conducted directly backwards, beneath the liver through the ductus venosus into the vena cava superior—where both columns of blood combine, and are carried as one current into the right auricle of the heart—from thence part is said to pass through the foramen ovale into the left auricle, and the other portion from the right auricle into the right ventricle, from the right ventricle upwards through the pulmonary artery, (small streams passing from the latter, through these the right and left pulmonary arteries to the lungs, and returned by the pulmonary veins to the left auricle, where they meet with the blood from the foramen ovale,) whilst the main column of blood from the pulmonary artery is transmitted through the ductus arteriosus into the arch of the aorta, where it meets with the blood from the left auricle, which is propelled into the left ventricle, and so upwards into the arch of the aorta; both streams (from the two ventricles) becoming thus combined, are propelled downwards through the descending aorta, and subsequently through the umbilical arteries to the maternal placenta by the combined power of both ventricles. You will see how analogous this is to the circulation of blood in some reptiles. But it appears plain to me, that as the two auricles contract contemporarily, and the two ventricles contract contemporarily, that the blood cannot pass, as ordinarily stated, during the contraction of the right auricle through the foramen ovale into the left auricle, because the cotemporary contraction of the left auricle would resist.

There is a blending of blood between the two auricles through the medium of the foramen ovale, but this mixing of the blood is during the cotemporary dilatation of the two auricles, whilst the foramen ovale is stretched and open, *not* during their contraction.

In *birds* the circulation is double precisely as it is in man and all mammalia. But there is a great peculiarity as to the respiratory apparatus—the lungs are fixed in close adhesion to the inner surfaces of the ribs, at the superior and lateral part of the thorax. These immediately communicate, by means of direct apertures, with the membranous air cells which extend throughout the cavities of the thorax and abdomen, and are formed by a membrane common to these two regions, there being no diaphragm. Thus the aorta is implicated with respiration. Thus air is inspired by the elevation of the sternum, without the agency of a diaphragm; thus the breast of the bird heaves before it takes flight.

I shall, in the next place, draw the striking contrast between the double circulation of blood in mammalia and birds on one hand, and the single circulation in fishes on the other. You see by this diagram, that the venous blood from the whole of the body of the fish enters the auricle (there is only one), and from the auricle it passes into the ventricle (and there is only, you see, one ventricle), from which the blood is propelled upwards into the pulmonic bulb or sinus, which divides into arches, that course backwards through the gills giving to the latter minute ramifications, and which arches unite posteriorly into the descending aorta, which of course supplies the various parts of the body of the fish. Thus, then, the circulation of the fish is a single circulation—one

auricle, one ventricle, one system of arteries acting both as a pulmonic and aortic.

These side flaps covering the gills are called the opercula. The action of respiration is performed in the fish, first by the opening of the mouth to admit the water and the air; secondly, the external margin of the operculum closes, so that the air and water is well applied to the gills; thirdly, the operculum is elevated by which the water and air is let out from the head laterally—the first part of this process is analogous to inspiration of bipeds, the second to expiration.

GENERATION AND FORMATION OF ANIMALS. BY DR. G. GARDEN, OF ABERDEEN.

The ingenious Paper (of which the following is an epitome) was communicated by the author's friend, Dr. W. Musgrave, to the Royal Society, A.D. 1705.]

DR. HARVEY, the discoverer of the circulation of the blood, first found the proper place of the formation of the chick in the *cicatricula* of the egg, so far as was discernible by the naked eye. After him, Malpighius, by the help of glasses, observed the first rudiments of the same, both before and after incubation. De Graef, and others, after many observations, concluded, that the *Testes Fœminei* were the ovaries of females, and consequently that all animals were generated *ex-ovo*, or from the egg. They began from thence to infer, that the rudiments of each animal were originally in the respective females, and that the male contributed merely to give a new ferment to the mass of blood and spirits; by which a spirituous liquor (which the blood in its ordinary ferment could not produce) insinuated itself into the ducts and pores of the rudiments of those animals which were in *greatest forwardness* in the ovary; and, by extending and enlarging all their parts, at last brought them to perfection. At length Lewenhock discovered an infinite number of *animalculæ* in the semen of males of all kinds; this made him condemn the former opinions respecting the propagation of animals from the egg.

On comparing these observations and discoveries, three things seem to me very probable:—

1st. That animals are generated from *animalculæ*.

2nd. That these *animalculæ* are originally in the semen of males, not in the female.

3rd. That they can never *come forward*, nor be formed into animals of their respective kinds, without the egg in the female.

The first of these seems probable on the following grounds:—1st. That some such thing as the rudiments of an animal in the shape of a tadpole was often observed by Malpighius, in the *cicatricula* of an egg before incubation. (See his observations, "*De Formatione Pulli in Ovo*.")—2nd. The sudden appearance and display of all the parts after incubation makes it probable that they are not actually formed out of a fluid, but that the *stamina* of them have been formerly there existent, and are now expended. The first part of the chick, which is discovered with the naked eye, is the *punctum salines*, and that not till three days and nights of incubation are passed; and then on the fifth day, the rudiments of the head and body appear. This made Harvey conclude, that the *blood had a being* before any other part of the body, and that from it all the organs of the *fœtus* were both formed and nourished. By Malpighius' observations, however, we find that the parts are then only so far extended as to be made visible to the naked eye, and that they were actually existent before, and discernible by glasses. After an incubation of thirty hours, are to be seen distinctly the head, the eyes, the *carina*, with the vertebræ, and the heart; after forty hours, the pulse is visible, and all the other parts become more distinct:

these cannot be discerned by the naked eye before the beginning of the fifth day. From all this it seems probable, that the early discovery of parts of the *fœtus* by the microscope, is not the discerning of parts newly formed, but that they have become more dilated and extended by receiving nutriment from the *colliquamentum*; so that they seem all to have been actually existent before the incubation of the hen. What Swammerdam discovered in the transformation of insects, throws no small light on this subject; if those large *erucas* which feed upon cabbage be taken about the time they retire to be transformed into *aurelias* and be plunged frequently into warm water, to make a rupture of the outer skin, we shall discern, through the transparency of their second membrane, all the parts of the butterfly, viz., the trunk, wings, feelers, &c., folded up. But after the *eruca* is changed into an *aurelia*, none of these parts can be discerned, being so drenched with moisture, though they be there actually formed. Another consideration is from the analogy which we may suppose to exist between plants and animals. All vegetables that we see proceed, *ex plantula*, or from a little plant, the seeds being the little plants of the same kind, folded up in coats and membranes: from hence we may conjecture, that so curiously an organized creature as an animal is not the sudden product of a fluid or *colliquamentum*, but that it rather proceeds from an *animalcula* of the same kind, having all its little members folded up according to their several joints and plicatures, which become afterwards enlarged and distended, as we see in plants. Now, though this consideration alone may seem not to have much weight, yet being joined to the two former, they mutually strengthen each other.

The second point which later discoveries have made probable, is that these *animalculæ* are originally in the semen of males, not in the females. And this I collect from these considerations:—1st. That there are innumerable *animalculæ* discovered in the male semen of all animals. Lewenhock has made this so evident, that I do not in the least question its truth.—2nd. The observation of the *fœtal* rudiments in eggs, which have been fecundated by the male, and seeing no such thing in those which are not fecundated (according to Malpighius), makes it very probable that these rudiments proceed originally from the male, not from the female.—3rd. The resemblance between the rudiments of the *fœtus* in the egg, both before and after incubation, and the *animalculæ*, makes it very probable that they are one and the same. The same shape and figure which Lewenhock gives us of the *animalculæ*, Malpighius gives of the rudiments of the *fœtus*, both before and after incubation. Nay, the *fœtus* of animals appears thus, at first, to the naked eye, so that Dr. Harvey, in his famous work entitled '*De Generatione Animalium*,' acknowledges that all animals, even the most perfect, are begotten of a *worm*. This accounts for many *fœtuses* at one birth, especially that of the Countess of Holland; and how at least a whole cluster of eggs in a hen are fecundated by one coition of the male.—4th. This, too, throws a new light on the first prophecy concerning the Messiah, "That the seed of the woman shall bruise the head of the serpent," all the rest of mankind being the seed of the man.—5th. The analogy already mentioned, between the manner of the propagation of plants and animals, likewise makes this probable. Every herb and tree bears its seed after its kind, which seed is, in fact, a little plant of the same kind; which being thrown into the earth, as into the animal *uterus*, spreads forth its roots, and receives its nourishment, but has its form *within itself*.

The *third* particular which later discoveries make probable is, that animals cannot be formed of these *animalculæ* without the eggs in females, which are necessary for supplying them with proper nutriment; and this, the following considerations seem to evince.—1st. It is probable that an *animalcula* cannot come forward if it do not fall into a proper *nidus*. This, we see, is the *cicatricula* in eggs, and though a million of them should fall into an egg, none of them would *come forward* but those which were in the centre of the *cicatricula*; and perhaps the *nidus* necessary for their formation is so proportioned to their bulk, that it can scarcely contain more than one *animalcula*; and this may be the reason why there are so few *monsters*. This we see is absolutely necessary in *oviparous* animals; and the only difference which seems to be between them and the *viviparous* in this matter, is that, in the latter, the *ova* are properly nothing more than the *cicatricula*, with its *colliquamentum*; so that the *fœtus* must spread forth its roots into the *uterus* to receive nourishment.—But the eggs in *oviparous* animals may themselves be properly termed a *uterus* in relation to the *fœtus*; for they contain not only the *cicatricula* with its *amnion* and the *colliquamentum*, (which is the immediate nourishment of the *fœtus*), but also the materials which are to be converted into that *colliquamentum*; here the *fœtus* spreads forth its roots no farther than into the white and yolk of the egg, whence it derives all its nourishment. Now, that an *animalcula* cannot come forward without some such proper *nidus*, Lewenhock does not deny; for if nothing were necessary but to be thrown into the *uterus*, I do not see why many hundreds of them should not come forward at once: as to what Lewenhock says, "that one of them would *be-dwarf* and *choak* the rest," such might fall out in process of time; but at first, I do not see why many of them should not grow together whilst scattered in so large a field, if there were not an absolute necessity for a *cicatricula* for their growth and nourishment.—2nd. That this *cicatricula* is not originally in the *uterus* seems evident, from the frequent conceptions which have been found to be *extra-uterine*—such as the child which continued 26 years in the *abdomen* of the woman of Thoulouse (mentioned in No. 139 of the '*Philosophical Transactions*'); also the little *fœtus* found in the *abdomen* de St. Mere, together with the testicle torn and full of clotted blood, both recorded in the '*Journal des Scavans*.' Such, likewise, seem to be the *fœtus* in the *abdomen* of the woman of Copenhagen, (mentioned in the '*Nouvelles des Lettres*,' page 996,) all the members of which were easily to be felt through the skin of her belly, and which she had carried during four years. I may likewise mention the seven years' gravitation related by Dr. Cole, in No. 172 of the '*Philosophical Transactions*.'—That these two were *extra-uterine* is uncertain, because the last was not opened after death, and the former may be still alive. Once, granting the necessity of a proper *nidus* for the formation of an *animalcula* into the animal of its respective kind, these observations make it probable, that the *testes* are the *ovaria* appropriated for this use; for though the *animalculæ* coming thither in such cases may seem extraordinary, and usually the impregnation is *in utero*, yet it may be collected from hence, that the *cicatricula* or *ova* to be impregnated, are in the female *testes*; if it were not so, the accidental coming of *animalculæ* thither could not make them *come forward* more than in any other part of the body, since they cannot be formed and nourished without a proper *nidus*.—3rd. It is acknowledged by all, that the *fœtus* in

utero, for some considerable time after conception, has no immediate connexion with the womb; that it remains wholly loose in regard to it; and is, in fact, a perfectly round little egg with the *foetus* in the midst, which sends forth its *umbilical* vessels by degrees, and at last lays hold of the interior surface of the *uterus*. From hence it seems evident, that the *cicatricula*, which is the fountain of the animalcula's nourishment, does not sprout from the *uterus*, but has its origin elsewhere, and falls in thither as into a fit soil, from whence it may draw nutriment for the growth of the *foetus*; else it cannot be easily imagined how it should not have an immediate connexion with the *uterus* from the very moment of conception. If we join these three considerations, viz., that an animalcula cannot come forward without a proper *nidus* or *cicatricula*;—that there have frequently been *foetuses extra-uterine*;—and that they have no adhesion to the *uterus* for a considerable time after conception;—all together seem to make it evident that animals cannot be formed from *animalculae*, without the *ova* in the female. To these arguments I shall subjoin the proposal of an *Experimentum Crucis*, which will determine whether the *testes* of the female be truly the *ovaria*, viz., let us open the *abdomen* of the female of certain animals, and cut out these *testes*, and this will determine whether they be absolutely necessary for the formation of animals.

There are some difficulties against the above conjectures, which I think may easily be resolved:—some object to the distance between the *tubae* or *cornua* of the *uterus* and the *testes*; to this, however, is opposed by Swammerdam and others, the like distance between the *infundibulum* in hens and frogs and the *ovary*; and yet it cannot be denied that the eggs are transmitted through this into the *uterus*. Besides, De Graef and others have, by repeated observations, found that the *cornua* of the *uterus* do, at certain times after conception, embrace the *testes* on both sides the *uterus*.—Others object to the great disproportion between the eggs in the *ovary* and the aperture of the *tubae* or *cornua* of the *uterus*; the former being much larger than the latter; but both De Graef and Malpighius have cleared that difficulty by demonstrating that these bladders in the *ovary* are not the *ova*, but serve to form the *glandules* within which the *ova* are formed;—these break through a small *papilla* opening in the *glandule*, which bears proportion to the aperture of the tube. It is further objected, that it is difficult to conceive how these eggs should be impregnated by the semen of the male, both because there is no connexion between the *tuba* and the *ovary* for its transmission, and because Dr. Harvey could never discover anything of it in the *uterus*. Lewenhock has, however, cleared the latter difficulty, by the discovery of innumerable *animalculae* of the semen of the male in the *cornua* of the *uterus*, which were living a considerable time after coition. (See No. 174 of the '*Philosophical Transactions*.') As to the former, we may either suppose that there is such an inflation of the *tubae* or *cornua* of the *uterus* during the time of coition, as makes them embrace the *ovaria*; and such an approach of the *uterus* and its *cornua*, as that the male may easily transmit the seed into the *ovary*, or—that the *ova* are impregnated by the *animalculae* after they descend into the *uterus*, and not in the *ovary*. The former seems probable, because the whole cluster of eggs in the hen will be fecundated by one tread of the cock.—Now this fecundation seems to be in the *vitellary* and not in the *uterus*, as the eggs pass along from day to day; for it can scarcely be supposed that the *animal-*

culae should subsist there so long, (being scattered loosely in the *uterus*), as to wait many days for the fecundation of the eggs as they pass along. The latter conjecture has this to strengthen it, that the *animalculae* are found to live a considerable time in the *uterus*; and that if they should impregnate the *ova* in the *ovary* itself, the *foetus* would increase so fast, that the *ova* could not pass through the *tubae* of the *uterus*, but would either burst the *ovary*, or fall down into the abdomen from the orifices of the *tubae*; hence, proceed those extraordinary *extra-uterine* conceptions which we hear of from time to time. Lewenhock, in No. 147 of the '*Phil. Trans.*,' in order to weaken the third consideration that "the conception is like an *ovum* in the womb," proposed a parallel between these *animalculae* and insects; and suggests that as the latter cast their skins, and appear of another shape, so the others, which at first seem like tadpoles, may cast their outer skin, and then become round; moreover, that this may be the occasion of the round figure of the conception in the womb. To this it may be replied, that according to his own notion, the *animalculae* cannot come forward, if they do not find the *punctum* or proper place for their nourishment, to which they must have some adhesion. Now, the conception in *viviparous* animals is not fastened to the womb for many days, nor does it adhere to any point of it; so that it seems this roundish body is not the *animalculae* thus changed, after having cast an outer skin, but is rather the *cicatricula* or little egg into which the *animalcula* has entered at its *punctum*, or place of nourishment; otherwise, I do not see why these should not be adhering to the womb from the first conception; or why (as I have before said) many hundreds of them are not conceived and formed together.

INCREASED PREVALENCE OF SMALL-POX IN THE METROPOLIS.

A CIRCULAR letter, of which the following is a copy, was a few days ago sent by the Poor Law Commissioners to the boards of guardians of the unions in those districts of the metropolis where small-pox is now unusually prevalent:—

"Poor Law Commission-office, Somerset-house.

"EXTENSION OF VACCINATION.

"Sir,—The Poor Law Commissioners deem it right to call the special attention of the guardians to the prevalence of small-pox in the metropolis, as exhibited in the weekly returns of the mortality, and in the number of cases which are sent to the Small-pox Hospital.

"The Commissioners are informed by Dr. Gregory, the physician of that establishment, that the number of cases sent to the Small-pox Hospital is so great, that the establishment will soon be filled, and that it may shortly be necessary to provide wards in the union houses for the reception and appropriate treatment of such cases.

"The Commissioners are informed, that nearly the greater proportion of the persons received into the Small-pox Hospital are (in the proportion shown in the annexed return) adults who have not received the protection of vaccination.

"The Commissioners feel assured that this announcement will be sufficient to induce the board of guardians to avail themselves to the utmost extent of the powers placed at their disposal by the Vaccination Extension Act, and of the influence which they possess, in order to arrest the progress of this fatal disease.

"They would recommend the board of guardians to confer with the vaccinators on the subject without loss of time; to ascertain from them, first, whether the measures for vaccination already adopted in compliance with the Commissioners, instructional letter of the 20th day of August, 1840, and the recommendations

and orders subsequently issued, are sufficient to meet the present emergency; second, whether the inhabitants of the union avail themselves of the opportunities afforded to them, or whether any means can be suggested of removing their objections (if such exist), or of stimulating their apathy.

"The Commissioners would recommend, that at all events a fresh notification of the times and places of attendance in large characters (and that in case the increase of Small-pox should have extended to the union, the notification should be headed 'Increase of Small-pox in the parish of —') should be placed in conspicuous places in the union, and it should be particularly stated therein, that the arrangements are not confined to children only, but are also intended for the benefit of adults.

"The Commissioners would also suggest for the consideration of the guardians and the vaccinators, whether, under existing circumstances, it might be expedient for the vaccinators to visit from house to house in their several districts, and thus to bring to the homes of the inhabitants the means of vaccination.

"Under ordinary circumstances the Commissioners would hesitate to recommend such an arrangement, but feeling that on the present occasion, by energy and promptitude on the part of the guardians and the vaccinators, the progress of the Small-pox may be arrested, and its attacks rendered comparatively innocuous, the Commissioners think it well worthy the consideration of the guardians.

"The Commissioners think, moreover, that if the extra exertions of the vaccinators should require further remuneration, the guardians would be perfectly justified in giving it.

"The Commissioners are desirous that, in order that no time may be lost, you would, if possible, request the vaccinators to be in attendance to-morrow at the meeting of the Board of Guardians, in order that they may be at hand when you lay this communication before the guardians.

"The Commissioners also wish that you will not fail to apprise the guardians of any facts relating to the spread of Small-pox which may come to your knowledge as Superintendent Registrar, and that in addition to other steps and precautions which may be decided on, you would yourself inform the vaccinators of any particular parts of the union in which you may have ascertained the small-pox to be prevalent, and that you will specially call the attention of the residents in those parts of the union by hand-bills, or by the agency of the relieving officer to the measures provided for vaccination.

"Signed by order of the Board,

"E. CHADWICK, Secretary.

"To the Clerk to the Guardians of the — Union."

Return of the Number of Cases (and Deaths) admitted into the Small-pox Hospital during the Year 1840.

	Numbers.	Whereof Died.
Patients wholly unprotected	194 ..	87
— previously vaccinated	120 ..	8
— supposed to have had small-pox previously	2 ..	0
— not having small-pox	11 ..	0
Total	327 ..	95

Return of the Number, and Ages, and Deaths, of the Cases admitted into the Small-pox Hospital in 1840.

	Numbers.	Whereof Died.
Patients under 5 years of age	49 ..	28
— between the ages of 5 and 15 (inclusive)	46 ..	9
Adults	232 ..	58
Total	327 ..	95

Jan. 18.

G. GREGORY, M.D.

RHEUMATISM.

EIGHTEEN years have elapsed since Mr. Coles furnished his late Majesty George the Fourth with one of his Medicated Bands—which ultimately came into the possession of a Page to H. R. H. the Princess Augusta, and cured him. Whether his Majesty wore it is not known; but the late Mrs. Fitzherbert wore Cole's Bands, at the recommendation of the Countess of Ludolf.

Morris Lievesley, Esq., Secretary of the Foundling, after expending £1000 on his person, in trying various experiments, was cured by wearing Coles's Bands, and gave him a certificate to that effect.

R. N. Croker, Esq., M.D., gave Mr. Coles his certificate, after wearing the bands forty-eight hours. The Doctor is brother to J. W. Croker, Esq., late Secretary to the Admiralty. He observed, that when the surface of the body became warm with exercise, the remission of pain was instantly manifest, and in 24 hours he had scarcely any pain; and makes this singular avowal without attempting to explain the phenomenon, how a local external application of a mineral, in a state of powder, can act, in alleviating deep-seated muscular pain. The fact is most anomalous, and demands the attention of all Practitioners.

Joseph Clay, Esq., of Arden-mills, Denton, near Manchester, in a letter, dated July 2, 1835, says:—I have received the Medicated Bands, the whole of which I have worn since May last, and I have the pleasure to state, that they have relieved my sufferings in my shoulders, wrists, knees, and hip. I still feel weak in my ankles, but on the whole, I think by persevering with them, they will make me young again.

The Rev. Mr. Wilder, of Carlton-rectory, near Newmarket, in a note, dated 20th October, 1835, says:—That he has suffered very severely from sciatica, for more than two years, that about three weeks since he obtained one of Coles's Medicated Bands, and the pain has during the short time he has worn it, nearly, if not entirely, left him. He had tried many supposed remedies without receiving any benefit.

General Wilder has another son in the army, who has been cured by the use of the Medicated Bands, and has cured others by lending them.

Sir,—I am in justice bound to state, that in consequence of a virulent attack of yellow fever, I returned from the West Indies with paralysis in my left hand, and a severe rheumatic affection in my right thigh. That by the use of the Waters of Weisbaden I got rid of the paralysis; but the acute pain in my limb still continuing, I applied and wore for a considerable time, with the most happy result, your Medicated Band, which afforded me immediate relief.—I am, Sir, your obliged servant,
Boulogne, May 17, 1837.

Lieutenant-Colonel Stisted, of the 3d Regiment of Light Dragoons, informs those who have rheumatism that he has worn Coles's Medicated Bands four months; that they have relieved him from a state of suffering scarcely to be described. The colonel, to evince his gratitude to Mr. Coles, has authorised him to make use of his name in any way he thinks proper.—4, Craven street, Strand, London, April 22, 1837.

Colonel Francklin acquaints Mr. Coles, that the medicated bands furnished to him have entirely removed the pain in his shoulder and arm, in which parts he had been for many months a great sufferer from rheumatism, although employing various remedies in hopes of obtaining relief; the pain continued, and he was unable to pull off his coat or dress himself without assistance. Colonel Francklin sends Mr. Coles this testimony to use as he pleases.—Blackheath, March 22, 1838.

Sir,—During the last eight months I have been severely afflicted with sciatica, lumbago, and rheumatism, for which I could get no relief, even under the best medical advice. Your Medicated Bands were recommended to me by persons whom they had relieved, and I am happy to say that they afforded me, during the most acute sufferings, almost instantaneous relief, and at less than one-twentieth part of the expense that I had previously incurred. You are at full liberty to make what use you please of this letter, for so invaluable a discovery cannot be too widely circulated.—I am, Sir, yours, greatly obliged,

13, Cecil-street, Strand, London, 21st May, 1838.

Sir,—A patient of mine, who, from repeated attacks of fever and long-continued illness, became paralysed in both hands, and the flesh of his arms much reduced from his elbows downwards, I recommended your Medicated Bands, which he wore for several weeks, and to my surprise his flesh became firm, and his strength wonderfully restored. I then advised him to try the hot waters at Bath, where he experienced a still further change, and he is now a useful member of society, and that he never would have been, in my opinion, had he not employed your Bands. I am your obedient servant,

Park-street, Camden Town, June 2, 1838.

Sir,—Having been suffering from rheumatism four years, with scarcely an interval of ease, arising from having dislocated my shoulder, I applied one of your Medicated Bands, which I wore for three weeks; but finding no mitigation of pain, I applied a much larger Band, in addition to the former, which, I am happy to say, relieved me in twenty-four hours. I am, Sir, your grateful and very humble servant,

Nightingale Hall, Lower Edmonton, Nov. 23, 1838.

Sir,—I have long been a sufferer from sciatica and rheumatism, and have employed many patent medicines, and the usual medical prescriptions, which failed to relieve my sufferings; I purchased one of your Medicated Bands also, which I wore for three days, and I have gone on one year without feeling a return of the complaint.—I am, Sir, yours with gratitude,

15 June, 1839.

—Trant, Esq., of Clapham, sent a Band to a Lady of his acquaintance, who applied it to her hip on going to bed, and removed it to her ankle, and from thence to her knee; during the day, she has since called upon Mr. Coles, and informed him that the Band had relieved her effectually in all those parts, in twenty-four hours.

John Cooke, Esq., of Rushford College, near Thetford, in a letter, dated 14th September, 1839, says, that during the last seven years, he has suffered excruciating pain in his hip from sciatica, and at times was prevented from taking horse exercise; he had tried all sorts of remedies, but never obtained effectual relief till he wore Coles's Bands.

Captain Lucas, of West Maling Lodge, Kent, in a letter, dated 28th February, 1840, says that a band which had been nearly six years in his house, cured him of a most severe attack of sciatica in a single night. The Captain observed, after spending thirty-two years at sea, and making nearly twenty voyages to India and China, he would as soon be at sea without a rudder, as pass the remainder of his days without a supply of Medicated Bands.

Persons subject to rheumatism, lumbago, sciatica, or pains in the kidneys, weak knees, bruises, tooth-ache, ear-ache, or shooting pains in any part of the body or limbs, arising from want of circulation of the blood, or obstructed perspiration, should keep these Bands by them, as they will preserve their virtues for years in any climate, and when they feel symptoms of its approach, meet the disease halfway. Put them on.

"Coles on Rheumatism," price twopence, is a single post letter, which will be forwarded (gratis) to any part of the kingdom. The Bands may be procured through any London coachman or guard. All letters must be post-paid.

Coles's Railway Carriages, when made on a large Scale mounted on anti-friction wheels, will have the advantage of a ground wheel seventy-five times beyond their ordinary size, whilst the axle is diminished, thus the collars in naves of the friction wheels will revolve round a two and a quarter axle once, whilst the ground wheels will run two hundred and twenty-five yards. These carriages, made on a scale of one inch to the foot, demonstrates the following:—a four-wheeled carriage, weighing eleven pounds and a half, requires three ounces, (hung by a string fastened to the carriage, and passing over a pulley) to draw it when running on common wheels; whereas, with anti-friction wheels, one additional ounce will draw one hundred and forty pounds when placed thereon. Coles's step-rail being sunk down on the inner edge, enables the off-wheels to run on their flanges, when working curves. Every axle, whether with two wheels or four, is thus forced into a direct line with the centre of a curve; the former will work as free on a curve as on a straight line. A more recent Patent has been granted by her Majesty, for employing the anti-friction principle in vessels and other machines.

Read "Coles on Railroads," price twopence each: published and sold at the Manufactory, 3, Charing Cross, London.

N.B.—Read "Cobbett's Legacy to Ruptured People," in 'Boyle's Court Guide.'

COBBETT'S LEGACY TO RUPTURED PEOPLE.

WHAT I am now going to communicate, will do more good in one single day, than Lord Brougham and Vaux's books will ever do till the last moment that a sheet of them shall be kept out of the hands of the trunk-maker, or preserved by accident from still less honourable uses. To a very considerable number of grown-up men the complaint which is called RUPTURE is but too well known, and the frequency of the exhibition of trusses in the shop windows, proves to us, not only the extent of the prevalence of the complaint, but also the importance attached to its cure. The complaint is purely mechanical; it consists of a dislocation or displacing a part of the human frame; and purely mechanical is the remedy. The remedy, and the sole remedy, consists of a truss, as it is called, to keep constantly in its place the part displaced. There are a great variety of trusses, some better than others, that is more effectual and less inconvenient; and to a great number of persons it is of great importance to know which sort is the best; and I, being in a situation to communicate that knowledge to my readers, know it to be my bounden duty to do it.

Twenty-two years ago, I being out a shooting, jumped from a bank full ten feet high, into the field below, and thereby produced by the shock, something that gave me very great pain, but of the nature of which I knew nothing. I came to London and applied to the late Mr. Chevalier, the surgeon, who directed me to get a truss, which I did. And here I gladly stop to acknowledge the only good I, and I believe any other human creature, ever received at the hands of old Daddy Burdett. Having told him what had brought me to town, "well," said he, "when you have put a truss on, never leave it off on the belief that you no longer want it." A precept which he made effectual by relating to me the cause of the sudden and premature death of Francis, Duke of Bedford, who, thinking his rupture gone for ever, threw aside his truss, but in playing at fives, a sudden twist of his body brought on the complaint again, and sending for a surgeon to London, instead of calling in him of the village, a mortification took place, and he slept with his fathers in a few hours. Many times, and especially in hot weather, I have by this advice, and especially by the illustration of Daddy Burdett, been prevented from risking the fate of the Duke of Bedford.

My complaint has been of very little consequence to me, except at particular times. I have ridden on horseback, and done everything that I should have done if nothing at all had ailed me. But coughing is very untoward in such a case; and I have at times, especially in November and April, a constitutional and hereditary cough, which I have had in every year, that I can remember, of my life, and which is always more violent and of longer duration in London than any where else. It is not a cough of the lungs, but merely of the throat; but it causes a violent shaking of the whole body, and at these times I have always until May last experienced a considerable inconvenience, and occasionally a great deal of pain. I have found it painful (and it is a nasty gnawing, villanous pain) to stand for an hour or two at a time; and this sometimes annoyed me exceedingly during my lecturing expeditions. When I expected the Whig trial to come on in May last (Oh! the manifold blessings of that trial!) the only thing that gave me uneasiness, was the fear that I should not be able to stand for three or four hours, to lash on well upon Denman and his masters, I having at that time one of my periodical coughs. In order to get rid of this fear, which harassed me continually, I resolved to go to Bolt Court, and never to quit it again till I had found out some one to furnish me with a truss which should be efficient for its purpose, even in these seasons of coughing. As I was going, I amused myself in reading Mr. Carpenter's Political Letter; in this paper I read the advertisement of Mr. Coles, Truss-maker, Charing-cross; and as I had never tried seven or eight before, I at once sent for Mr. Coles; and the result has been that my complaint is as completely removed as if I had never known anything of the kind; and could I have forgotten the precept of the venerable Daddy Burdett, and more especially the fate of the Duke of Bedford, I should have thrown away the truss months ago. Oh! how rejoiced was I when I felt that I should be able to stand at my ease for the hours that I destined for the belabouring of the Whigs. I could not (if I had had a cough) without the aid of Mr. Coles, have given them the four hours and a half, which were worth more to them (if they turn them to good account) than all the rest of their lives. I should have mentioned this matter before, but my April cough was nearly gone before Mr. Coles had done the truss, and I was not visited with another till late in September, and I wanted a fair trial before I spoke of this matter. I have now had the trial, and it would be a very shameful neglect of my duty towards my neighbour, for me not tell the public that I find the remedy perfect, and that I can now scarcely perceive, whether with or without my cough, the smallest signs of my ever having had such a complaint. But am I not here, in doing bare justice to Mr. Coles, doing him an injury, by driving from his shop the tax and tithe-eaters, who will have a "prejudice" that is a villany against him for the good he has done to me? No, hang it; they like their worthless lives too well for that. However, my sensible readers, pay you (if you should need it) attention to what I have said; and let the tithe and tax-eaters creep along through life, with all the twitchings and achings of this harassing complaint, and under all the pains and penalties inflicted on them by the awkward, heavy, cumbersome, and still inefficient things, which bungling mechanics put round their bodies. One thing bear in mind, and that is, that this is a matter with which surgeons and physicians have nothing to do, any more than they have with the providing us with suitable shoes or coats.

As Mr. Chevalier told me, the complaint is purely mechanical; and the application of the remedy must depend on the mechanic solely, just as much as the fitting of a coat must depend on the tailor. Here, however, more cleverness is required; the mechanic must be able to judge well as to the degree of force required; and he must have great ability in causing the pressure to bear in a proper manner. The moment I heard Mr. Coles speak upon the subject, I was sure he was the man; his observations showed a knowledge of his business; and the result has amply verified my opinion. I never saw Mr. Coles before, and I have never seen him since, except to call and thank him. What I have here said of him is but justice, which I do with very great pleasure, while as to the rest, I am only discharging a duty to the public in general, and to my readers in particular. I add this piece of advice to people in London, not to write for a truss any sooner than for a coat or a pair of breeches; not to plague a surgeon to order one; but to go to the mechanic in person, and let him fit the force and form to the necessity of the case.—Cobbett's Register, June 23, 1832.

"Coles's Truss is the best."

I am ready to subscribe to the truth of this assertion, which appears on the front (I will not say ornaments his establishment at Charing Cross); and I do it from personal experience, having in the course of thirty years, tried a great many Trusses. I have recommended his Trusses to several medical characters, and intend, if I live to continue to do so, being convinced that in promoting the general adoption of Coles's Truss, I am serving not only a meritorious mechanic, but also the cause of humanity.

10th, first month, 1834.
I do certify, having had Hernia some years, and have used several Trusses which I found more or less inconvenient and painful, some of them exceedingly so. Having read Mr. Cobbett's case, I was induced to try Mr. Coles's Truss, from which I have experienced the greatest comfort, ease, and satisfaction; and I most strongly recommend its use to those who are similarly afflicted.

London, May 28, 1835.
To Mr. Coles,—Sir, I have great pleasure in giving my testimony of the vast superiority of your Trusses over others. They have afforded me much more ease and satisfaction than any Truss I had previously employed. I hope this certificate will be of service to you.—I am, Sir, your humble servant,
Cheltenham, September 26, 1835. FINGALL.

Dear Sir,—I beg to inform you that the Trusses I have purchased of you during the last five years, have kept up my Hernia most effectually. I had previously worn many trusses, but never found one which retained the parts till I employed your patent. You are at liberty to make what use of this you think proper.—
I am, dear Sir, yours truly,
14th December, 1835. D. NICOLL.

From the Vicar of Llanegwad.

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For the young Princess Royal
Each heart that is loyal,
Is securing a gift for her christening night.
Prince Albert her father,
The noble Duke Arthur,
Her Grandmamma, the Duchess of Kent, all declare,
That to please the sweet creature,
And happiness teach her,
Of their right royal revenues something they'd spare.
The Ladies of Honor,
Who do so upon her,
Pages, Ministers, Judges, and Generals tall,
Had for six full days cavilled,
And the knotty point ravelled,
Till they hit on a thought that delighted them all.
Frocks, silks, satins, laces,
Bouquettes, caps, belles, graces,
Books, pictures, and games passed in needless array,
They at last cried, "Let's buy her,
Of Mr. M'GUIRE,
A black beaver bonnet with feathers so gay."
When they told the Queen of it
The WASHABLE BONNET,
She was pleased to declare in her own royal way,
That it was her desire
That Mr. M'GUIRE
Should be sought by her subjects without more delay.

These beautiful Bonnets, together with the Washable Beaver Hat, improved by rain, are to be had only at M'GUIRE'S Manufactory, No. 4, King William Street, West Strand, London.

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Best Brazilian Pebbles, in gold frames....£1 15 0 for Ladies.
Ditto, double joints.....2 5 0 for Gentlemen.
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A Journal of English and Foreign Medicine and Medical Affairs.

No. 73. VOL. III.

LONDON, SATURDAY, FEBRUARY 13, 1841.

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STAMPED EDITION. 4d.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

MEDICAL CORPORATIONS AND COLLEGES.

In fulfilment of our promise last week, to present our readers with the *actual* modes of Medical Education pursued in the various Colleges and Universities of Europe and America, we commence with the Regulations for granting Medical Degrees, &c., at the

MARISCHAL COLLEGE AND UNIVERSITY OF ABERDEEN.

Many of our readers are, doubtless, aware of the highly reprehensible mode of granting medical and other degrees (merely on the faith of certificates of attainments), which at one time prevailed in the Scottish Universities; in Aberdeen, however, this system was abolished in the year 1826, and at least *one* degree in Arts was required to qualify the candidate for medical honours. "It would surprise you," says an intelligent correspondent, well acquainted with the system as pursued at Marischal College, "to learn the *high names* in English medical practice, under which some of the *most objectionable* degrees were conferred."—Since October, 1840, however, the Examinations have been infinitely more strict, and the Curriculum, or Course of Study, more extended; so that, in future, candidates will be obliged to "mind their P's and Q's;" but then the *abolition of all Examination Fees* (Fifteen Pounds for each candidate) will be some compensation for the extra study and grinding necessary for the obtaining a diploma.

CURRICULUM.

1. Four years of attendance on Medical Classes, of which one year may be passed at any recognised Medical School; but three, at least, must be passed in a University, including one, at least, in this University. The attendance, in each year, to embrace not fewer than two Medical Classes of six months each, or one of six months, with two of three months each. But it will be held equivalent to *one* of four years of such attendance in a University, 1st, in a Master of Arts, to have attended one Medical Class while passing through the Curriculum of Arts; or, 2dly, in any Student, to have attended a Medical Class, in each of two years, along with Classes in the Curriculum of Arts. The University attendance to include the following eight Classes, each for a course of six months—*Anatomy, Practical Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Surgery, Practice of Medicine, Midwifery*, and the following three Classes, each for a Course of three months—*Botany, Practical Chemistry, Medical Jurisprudence*.

2. Eighteen months of attendance on the Medical and Surgical practice of an Hospital containing not fewer than eighty beds, along with attendance for six months on Lectures on Clinical Medicine, and for three months on Lectures on Clinical Surgery.

3. Six months of Compounding and Dispensing of Medicines in the Laboratory of an Hospital, or of a public Dispensary, or of a Licensed General Practitioner, or of a Regular Dispensing Druggist.

EXEMPTION TO PRACTITIONERS.—4. It will be held equivalent to the Curriculum prescribed in the three Regulations foregoing, to have obtained, upon examination, a Diploma or a Licence, in

Medicine or in Surgery, from a University or other authority established by law within the United Kingdom, and to have subsequently attended Medical Classes in this University for one year.

EXAMINATIONS.

5. The Examination Terms to be two in each year—the *first* to commence on the 20th of April, if a Wednesday, but if not, on the first Wednesday thereafter; the *second* on the 13th of October, if a Wednesday, but if not, on the first Wednesday thereafter.

6. Every Candidate to undergo at least three separate Professional Examinations—the first *Pharmaceutical*, the second *Surgical*, the third *Medical*—to be conducted partly in writing, as well as *vivâ voce*, and partly by demonstration.

The *first* to include Chemistry, Botany, Materia Medica, Pharmacy, and the Doctrines of Physics relating to Specific Gravities, to Gases and Vapours, and to Climate.

The *second* to include Anatomy, Institutes of Medicine, Surgery, and the Doctrines of Chemistry and Physics illustrative of Animal Structure and Function.

The *third* to include the Practice of Medicine, Midwifery, and Medical Jurisprudence.

7. Every Candidate, not a Master of Arts, must undergo a Preliminary Examination on the Latin language, (the Book to be used being *Celsus de Medicinâ*), and on the Etymology of such Terms in the Medical Sciences as are derived from the Latin and the Greek.

The following are the Arrangements for conducting the Examinations:—

PRELIMINARY EXAMINATION, in writing, on a day previous to the Professional Examinations.

THE PHARMACEUTICAL EXAMINATIONS, first day, in writing, from 9 morning till 12, on Chemistry, Chemical Pharmacy, and Physics.—From 2 afternoon till 5, on Botany, Materia Medica, and Pharmacy.

SECOND DAY.—Experimental *vivâ voce* and Demonstrative Examinations.

SURGICAL EXAMINATIONS.—First day, in writing, from 9 morning till 12, on Anatomy, Physiology, Animal Physics, and Chemistry.—From 2 afternoon till 5, on Surgery and Surgical Anatomy.

SECOND DAY.—Demonstrative and *vivâ voce* Examinations.

MEDICAL EXAMINATIONS.—First day, in writing, from 9 morning till 12, on the Theory and Practice of Medicine.—From 2 afternoon till 5, on Midwifery and Medical Jurisprudence.

SECOND DAY.—*Vivâ voce* Examinations.

8. Any Candidate that so desires shall be admitted to each one, or to any two, of his three Professional Examinations at different Terms; but not to the first Examination, until the beginning of his third year of Medical Classes; nor to the second until the end of his third year; nor to the third, until the end of his fourth year, and until he be twenty-one years of age; nor shall a greater interval than eighteen months be allowed between two successive Professional Examinations, without a full renewal of the previous one or two. The Preliminary Examination must be passed at the same Term as the first Professional Examination.

9. In order to be received for Examination, certificates must have been lodged with the Professor of Medicine, on the first day of the month of the Examination Term, showing that the Candidate is of the required age, that he is of good moral character, and that he has passed through the requisite Course of Professional Education. Along with such Certificates, must be lodged a Schedule, filled up in his own hand-writing, containing a list of them, and specifying such additional branches of Education, professional and general, as he may have studied.

CONFERRING OF DEGREES.

10. Medical Degrees to be conferred at the close of each Examination Term.

11. The degree of Bachelor of Medicine may be conferred on any Candidate who has passed the foregoing Examinations.

12. The Degree of Doctor of Medicine may be conferred on any Candidate, after passing the foregoing Examinations, if not under twenty-two years of age, or on any Candidate who has been at least six months a Bachelor of Medicine of this University. The Candidate, if a Bachelor, shall state, in a written application, what opportunities of professional improvement he has enjoyed since he was made Bachelor.

FEES.

For the Degree of Bachelor of Medicine.

Expense of Diploma £1

For the Degree of Doctor of Medicine.

Expense of Diploma £1

Government Stamp £10—11

There are no Examiners' Fees.

REGULATIONS FOR THE MEDICAL CLASSES.

1. The Winter Session to commence on the first Monday of November, and not to conclude before the third Friday of April; and the Summer Course to commence on the first Monday of May, not being the first day of the month, and to continue not less than twelve weeks.

2. Each meeting of a Class to be of an hour's duration, and every Class to meet on at least five days a week; but, when the course can be completed in three months of such meetings, the Class may, during the Winter Session, meet on three days a week for five months, instead of five days a week for three months.

3. In every Class taught by lectures, Examinations to be held at least four times a month, for each hour of daily meeting. Persons holding a Medical or Surgical Diploma, to be exempted from examination; and, under peculiar circumstances, other persons may be exempted by the Professor or Lecturer, but not without the sanction of the Medical Committee.

4. At each meeting of every Class, a Catalogue of the Students to be called, and every case of absence marked. For this purpose, a Roll-book of each Class is to be kept according to a prescribed form; and, at the end of every month, a list of the number of times that each Student may have been absent is to be made up in a prescribed form, and to be kept hung up in the Class-room.

5. At the end of each Session, the amount of attendance given by each Student, as indicated by the said list, shall be recorded in the Album of the University; and the number of times a Student may have been absent from sickness shall be noted, if the sickness shall have been satisfactorily certified to the Professor or Lecturer at the time; also the number of times a Student has been absent, from any other necessary cause, if satisfactorily certified to the Professor or Lecturer at each time, shall be noted, provided the cause shall appear to the Medical Committee an adequate excuse for absence.

6. Certificates of attendance to be granted by the Professor or Lecturer, by filling up the blanks of the following form, which shall be printed on the back of each ticket, and by subjoining the number of cases of absence (if any) from sickness, or other necessary causes, but only of such cases as may, under the last preceding regulation, be recorded in the Album.

FORM OF CERTIFICATE.

The Course, which commenced on the first Monday of November, 184—, and terminated on the third Friday of April, 184—, has occupied one hundred and ——— daily meetings of one hour each. Of these meetings, Mr. ——— has attended ———.

Marischal College, April —, 184—.

Suitable alterations to be made on this form for three months' Courses.

It is truly gratifying to find that the Professors of this University have so voluntarily, so unanimously, and so praiseworthy amended their Regulations. How often have Scotsmen, sojourning or travelling in England, been compelled to listen to sarcasms on the venality of their universities, and the mercenary mode in which they conferred medical degrees!—and, although there was always much exaggeration and ridicule in such remarks, they were not, on that account, the less difficult to bear by any man who valued the credit of his *Alma Mater*, or the learned institutions of his birth-place. It was impossible to deny that honours, especially medical ones, could, with little difficulty, be procured at Aberdeen and St. Andrew's, and that they had, in some instances, been conferred on persons of very indifferent characters in the medical profession; nay, upon notorious Quacks, Drs. Solomon and Brodum, for instance, of Balm of Gilead and Steel-Tractor notoriety! It was true that the Professors, as a body, never derived any emolument from the fees paid for diplomas, still the stigma attached to every one of them, for all were alike supposed to share in this traffic in parchment and sealing-wax. The opinions entertained by Englishmen and foreigners, even of the private testimonials of Scottish Professors, were, therefore, not always very high; the consequence of which was, that many deserving young men, who had been *regularly educated* at Aberdeen, St. Andrew's, &c., when they first went abroad, were made painfully to feel the little benefit which could accrue to them from the possession of certificates of learning and character from universities where literary and scientific honours were bought and sold for a few pounds. Now, however, the Regulations are such as to place a Marischal College Degree (at least) on the highest footing of respectability; and, by the abolition of Examination Fees, any *qualified* candidate may obtain his diploma for the mere payment of the government stamp. We trust that the good example set by Marischal College will not be lost on other similar institutions.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 30th January, 1841:—

Epidemic, endemic, and contagious diseases	200
Diseases of the brain, nerves, and senses	173
Diseases of the lungs, and other organs of respiration	350
Diseases of the heart and blood-vessels	22
Diseases of the stomach, liver, and other organs of digestion	77
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	22
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	0
Diseases of uncertain seat	114
Old age, or natural decay	103
Violent deaths	30
Causes not specified	2
Deaths from all causes	1107

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

URINARY ORGANS, CONTINUED.—FISTULA IN PERINEO.—RETENTION OF URINE.—INFLAMMATION OF THE PROSTATE.—SCIRRHOUS ENLARGEMENT OF THE PROSTATE.—CALCULI IN THE PROSTATE.—RUPTURE, BURSTING, AND INFLAMMATION OF THE BLADDER; TREATMENT.—INCONTINENCE OF URINE; TREATMENT.—AFFECTIONS ABOUT THE FEMALE URETHRA.

Laceration of the Urethra by external Violence.—When the urethra is lacerated in consequence of external violence, as by a fall on the perineum, *effusion of urine* takes place into the surrounding cellular membrane, and the same kind of effects ensue, though perhaps in a less degree, as when the urethra ulcerates behind a stricture. Of course, the same kind of measures must be adopted to remedy the mischief; that is, you must cut down in the perineum to the place where the urethra has been wounded, and thus you will provide a direct exit for the urine, and prevent its further injection into the cellular membrane. In consequence of the extravasation of urine, either from ulceration of the urethra behind a stricture, or from a wound in the canal, or the formation of an abscess in the neighbourhood of the urethra communicating with it, it sometimes happens that, after the primary effects of the mischief have passed away, an opening remains in the perineum or scrotum, or some part of the neighbourhood of the urethra, through which some portion of the urine is habitually discharged—a permanent fistulous aperture giving issue to a little purulent matter and more or less urine; this is called

Fistula in Perineo—the more common situations of these fistulous openings being in the perineum. The circumstance which gives rise to the occurrence of fistulae in perineo, is, in the first instance, a serious obstacle to the evacuation of the urine by its natural course—either stricture or laceration of the canal by violence. The inflammation and various effects which follow this occurrence provide a new and artificial opening for the discharge of the urine, which will continue to pass through it as long as the impediment to its direct exit through the channel remains.—*Treatment*: The first object, therefore, for the relief of a patient from the inconvenience of fistula in perineo, is to remove the impediment which opposes the unnatural discharge of the urine, and to endeavour to bring the whole of the urethra into its natural state, and to its full dimensions; if you accomplish this, the fistulous opening closes of itself; for instance, if you make an opening into the urethra, when it is of its full dimensions, to remove a calculus from the canal, you do not find that a fistulous opening remains afterwards, for there is a free passage to the urine; no obstruction exists in the natural passage; the aperture you have made closes up in the same way that any other wound would do, and you restore the natural state of the urethra. Though you will frequently find that fistulous apertures in the same way become closed, yet it has happened, in some instances, although the urethra has been apparently effectually enlarged, that the fistulous aperture is not closed in the way desired; and, under such circumstances, it is perhaps difficult to point out any mode of treatment by which you can depend on closing it. Sir Astley Cooper has recommended a simple operation which may be tried, but which I have not seen practised; it consists in detaching a flap from the integuments, so as to cut through the fistulous aperture, and then laying the flap down again. Suppose this tube should represent the fistulous opening, the mode of proceeding is to make two lateral incisions, one running on each side of the aperture, and to join those by a transverse incision towards the anterior part of the penis; then dissect the flap down to its base, and by so doing you cut through the fistula, or the unnatural canal; then lay down the flap in its place again. You can readily suppose that the divided sides of the fistula will unite, and there is a reasonable prospect that the opening will become

obliterated. I have not seen this operation performed, but it is a simple proceeding, and may deserve a trial. In instances in which the cellular and adipose membranes surrounding the urethra—that is, of the perineum and scrotum—have become thickened and hardened, and where numerous fistulous apertures exist, partly communicating with each other, the best mode of proceeding is to lay open those apertures, when we shall probably find that, there will be only one aperture communicating with the urethra. Introduce a probe or director, slit up the fistulous openings, and, as far as you can, lay them into one. This step must necessarily precede the adoption of any other measures you may have recourse to in such cases. If you have either to cut down through the perineum into the urethra, or to divide the stricture with the lancet in the stylet employed by Mr. Stafford, or by the forcible introduction of a small bougie, or any means of that kind, you will find great advantage from the previous free division of the fistulous openings; you will find that the division of these openings will lead to considerable reduction of the swelling, and to consequent diminution of the induration that has formed in the situations I have mentioned to you.

Retention of Urine may occur from other causes affecting the urethra; that is, you may have active inflammation occurring in the immediate neighbourhood of the canal, inflammation of a phlegmonous character, followed by abscess; and this will cause difficulty in passing the water, and perhaps temporary retention of urine. Extravasation of blood, in consequence of a bruise or injury, may press upon the urethra, and cause difficulty in expelling the urine, although the urethra may not actually be lacerated. You are not to suppose, therefore, that in every case where violence has been inflicted, and where there has been difficulty experienced in voiding the urine, that the urethra is necessarily torn. In many cases there may be simple ecchymosis creating difficulty, and you may find that you are able to introduce a catheter, and thus relieve the patient.—*Retention of urine* may arise from calculi entering the urethra, and not passing along the whole of the canal; for a calculus may be stopped in some particular part of the passage. Foreign bodies may be introduced into the urethra, and thus produce difficulty in voiding the urine, or even actual retention.—*Treatment*: Under such circumstances, the extraction of the calculus or foreign body, or its removal from the urethra by excision, is all that is required.

Inflammation of the Prostate.—The prostate gland is liable to inflammation, which may be either of the acute or chronic kind. In acute inflammation of the prostate, there is considerable pain in the situation of the gland, pain which is referred by the sensations of the patient to the neck of the bladder or perineum; pain accompanied by a sense of heat and weight in those parts, and aggravated when the urine is voided, or when the bowels are evacuated; for the prostate lies so nearly in contact with the rectum, that the passage of the faeces through it exerts a pressure on that part, sufficient to produce considerable pain, when the gland is in a state of inflammation. The near neighbourhood of the prostate to the neck of the bladder, the immediate continuation of the mucous surface lining the urethra within the prostate, with the mucous coat of the bladder, render it very probable that the bladder may participate in the inflammation; and then you will also have the symptoms which I have mentioned as characterising inflammation of the bladder, such as a constant urgent desire to evacuate the urine. You cannot be under much uncertainty as to whether the prostate is inflamed or not, because you can gain clear information on the subject, by introducing your finger into the rectum. The prostate lies on the upper and anterior part of the rectum, connected with it only by a little loose cellular membrane, and thus, when you introduce the finger into the rectum, you can distinctly ascertain the outline of the prostate; ascertain whether it is enlarged, whether it is preternaturally sensible on pressure, and that will enable you to decide whether it is in a state of inflammation or not.—*Treatment*: When the existence of inflammation

is ascertained by the circumstances I have mentioned, you must adopt an antiphlogistic treatment; general or local bleeding, according to the strength of the patient and urgency of the case; give diluent and mucilaginous drinks; endeavour to reduce the inflammation of the gland in the same way in which you would combat inflammation of any other part of the body. The difficulty of voiding the water, in consequence of the swelled state of the prostate, constitutes a very prominent part of the symptoms under which the patient labours. The mechanical difficulty which this swelling opposes, occasions the patient to make water with considerable pain, and prevents him from evacuating the bladder without considerable force and straining (particularly at the commencement of the act of voiding the urine), diminishes the size of the stream, reduces the evacuation of the urine to the simple expulsion of it by successive drops, and, in fact, if it go on to a certain extent, may cause even complete retention. In those cases you should avoid, if possible, the introduction of the catheter. Here is a pretty actively inflamed substance, against which, in its introduction, the point of the catheter will necessarily come, and through which it must pass in order to enter the bladder. The introduction of an instrument, under such circumstances, must be expected to aggravate the sufferings of the patient at the time, and therefore, if you can put a stop to the inflammation, and enable him to make water without the employment of an instrument at all, it will be very desirable for you so to do. Trust, therefore, to antiphlogistic means, with which fomentations, the use of the hip or warm bath, may be combined; and do not have recourse to the use of an instrument, unless these means fail, and there should be an actual necessity for relieving the patient from the danger which the difficulty of evacuating the urine produces. If you come then to the introduction of an instrument, you should be aware of the particular change in the urethra, which the swelled state of the prostate produces. The swelled prostate does not diminish the dimensions of the urethra, but it alters the course and shape of the canal in that part which goes through the gland; it presses the sides of the urethra together, and the swelling of the prostate, the principal part of which is situated below the urethra, that is, between the urethra and rectum, pushes the urethra up towards the pubis; at the same time the enlargement of the prostate in size, an enlargement which takes place in all directions, increases the length of this part of the canal. The changes then produced are, first, an elevation of the urethra pushed upwards towards the pubis, an elongation of the canal in its prostate portion, and a pressing together of the sides of it laterally. The best instrument in this case is a large elastic catheter; and indeed I should observe to you, whether you employ an elastic or a silver catheter in cases of enlarged prostate, you will always find it necessary to use an instrument of *full size*—an instrument such as I have got here, which is of the full dimensions of the healthy urethra, and which will pass on much more easily than instruments of a smaller size. The best instrument, then, as I have just mentioned, is the catheter made of elastic gum; and you should use those instruments which are made so as to retain their curved shape without a stylet. The ordinary gum catheters are made straight, so that, after you introduce one of them, if you take out the curved stylet, it becomes straight; but by Mr. Weiss (and probably by others), elastic gum catheters are fabricated which retain the curve without the stylet, so that you can introduce a catheter of that kind in a case of inflamed prostate, and it will be found to retain its curve. If this can be done (there being no hard substance in it), the purpose will be accomplished with less pain to the patient, and less irritation to the inflamed part, than the introduction of an instrument which is not flexible would occasion. If, however, you should fail in introducing such an instrument, you must have recourse to the silver catheter; and here you may employ an instrument with a similar curve to that which I have described to you, except that the extremity of the instrument should be prolonged, so as to represent more than the quarter of a circle.

The curved part of an ordinary catheter, or staff, or sound, may form the quarter of a circle four inches in diameter; but in cases of chronic inflammation of the prostate gland, you should have the curve prolonged a third or a quarter of an inch over that, and it should be such as to enable the end of the instrument to rise over the elevated part of the urethra. This is an instrument of full size, where the prolongation of the curve is carried out to the full extent to which it is necessary to have it; it is not necessary for it always to have this extent; but this sort of catheter, which is about fourteen inches in length, you will sometimes find necessary where the prostate is enlarged. I have employed it several times with great ease and perfect success.

Scirrhus Enlargement of the Prostate.—Inflammation of the prostate gland is not an affection observed in young persons; it is mostly met with in persons at or after the middle period of life, more especially in those advancing in years. Chronic inflammation and consequent slow enlargement of the prostate, is a more common affection than acute inflammation of the gland. The prostate slowly acquires a considerable augmentation in bulk, at the same time that it becomes firmer and more compact in its texture; and this is the change which has commonly been denominated *scirrhus* of the prostate gland. When you hear this word, you are not to understand that the prostate undergoes a change similar to that which constitutes *scirrhus*, in the strict sense in which we now employ the term; it does not undergo any change of a malignant character—the term is here employed only to denote the firmness and hardness which the prostate acquires. Now this which I show you is an example of *scirrhus* of the prostate, where, as you will see, it has acquired the size of my fist, and where, on making a section of it, it is found to consist of a dense, thick, compact, and almost homogeneous structure; and it forms certainly an immense tumour intervening between the bladder and rectum. This is another specimen of enlargement of the prostate gland, which is very much thickened, and you may easily conceive what the difficulties must have been to the evacuation of the urine with this great mass, which is so large as a middle-sized orange, in such a situation.—In these cases which I have now pointed out to you, you observe the prostate enlarges in its whole substance, in all directions, and you see the tumour which it forms lies principally below the urethra, because, in the natural state, the chief bulk of the prostate is situated between the urethra and the rectum. Now, in some cases we find that the prostate enlarges more particularly just under the opening by which the urethra proceeds from the bladder; the portion which forms the inferior boundary of the opening of the urethra, is the seat of enlargement; it rises up into the neck of the bladder in the form of a valve-like prominence. This part has been called by Sir E. Home, the *third lobe* of the prostate gland. We find that the prostate consists of two large lateral divisions which are not absolutely distinct from each other, being completely united below; however, they are called the *two lateral lobes*, and the prominence which projects just below the orifice of the urethra where it enters into the bladder is called by Sir E. Home the *third lobe*. In cases where the prostate generally is enlarged, it frequently happens that this particular portion, which constitutes the inferior boundary of the orifice of the urethra, is more enlarged than the rest; and in some cases where the lateral lobes of the gland are not much altered in size, this middle lobe, as it is called, becomes considerably augmented in bulk. Here are several specimens to show this. Here is an enlargement of the middle lobe, which has been perforated by the introduction of a catheter, the two lateral lobes being also increased in size. Here is another enlargement of the third lobe, where the two lateral lobes seem to be nearly in the natural state. Here is another where the third lobe is as large as a walnut, projecting into the bladder, and forming a regular lobular protrusion into it. Here is another specimen of the same kind. Here is another variety where it forms a sort of fungous protuberance, so that there is a small valve-like fold produced by it: you see, therefore, that this

kind of enlargement is by no means uncommon. This chronic inflammation, and slow enlargement of the prostate, constituting, as it is called, a *scirrhus* state of the gland, often comes on insensibly, without any inconvenience that attracts the attention of the patient; it proceeds to a very considerable degree without apparently exciting any symptoms sufficiently marked to induce him to complain, and, in fact, he does not make any complaint until the size of the prostate generally, or until the enlargement of the third lobe, produces such difficulty in the evacuation of the urine, as to force him to seek for assistance. The patient, in the first instance, finds that he does not void his water so easily as before; he finds it necessary to make a more powerful effort at the commencement of the act; he is obliged to strain and to exert himself more considerably, though when that difficulty is once overcome, the contents of the bladder will flow out easily enough. In proportion as the enlargement increases, this difficulty also increases; after some time the urine comes off only in a small stream, perhaps by drops, and possibly complete retention may occur. This enlargement of the third lobe of the prostate produces a peculiar mechanical obstacle to the evacuation of urine, for the enlarged portion rising up in the lower part of the bladder, when the patient exerts considerable force to expel the urine, presses against the orifice of the urethra, and thus acts like a *valve*, and prevents the complete evacuation of the urine. A portion of the contents of the bladder may be expelled with great force, but a certain part of its contents always remains behind; and thus, although the patient makes water, he does not empty the bladder completely; and a degree of retention of urine is established. Hence it happens, that although the patient passes a little urine, the desire to make water immediately returns; of this state of things you gain a knowledge by introducing a catheter after the patient has made water; let him empty the bladder as much as he can, and then introduce a catheter, and if you find as you do that several ounces, half a pint, or a pint of water flows off, you then ascertain that the bladder does not completely empty itself, that there is a certain portion of the contents remaining, and that this is the cause of the continued urgency to make water, and the inconvenience which the patient experiences.—*Treatment*: In the case of this chronic enlargement of the prostate, we have not much power of relieving the patient by producing any great reduction of the affected part. I have mentioned to you that the enlargement of the part is not of a *scirrhus* or cancerous nature, as the name would lead you to infer; yet, although it is not of a malignant kind, we seldom find that we can reduce its size. By attention, however, to diet, careful attention to the state of the stomach and bowels, by a course of mild, alterative, and aperient medicines, we can keep the patient, perhaps, in a tolerably healthy state. Attempts have been made, sometimes, to reduce this enlargement by seton or issue, in the perineum or upper part of the thigh, but it is an inconvenient course of proceeding, and one to which patients are not inclined to submit. This is a complaint which you find taking place in persons advancing in years; you do not find it in young persons. I have certainly seen a very few cases of it in young persons, but the great majority of those you have to treat for this complaint, are past the middle period of life.—When the affection of the prostate has gone the length of producing the serious obstruction to the evacuation of the urine which I have mentioned, this of course requires the assistance of the surgeon. You should employ the catheter in order to get rid of the contents of the bladder, and to get the bladder into such a state as to enable it completely to expel the quantity of urine it may contain. And in instances where the bladder does not evacuate its contents completely, where there is a constant accumulation of urine within it, which you detect in the manner I have described, the course you have to pursue is, to introduce the catheter regularly once or twice in the four-and-twenty hours, so as to draw off the stale urine, and to give the bladder the opportunity of recovering its power of contraction; and after following this up for some time, perhaps two

or three weeks, you generally find that the evil is removed, and that the patient recovers the power of completely emptying his bladder. In this chronic condition of enlargement of the prostate, you find it, perhaps, still more necessary than in a case of acute inflammation of the prostate, to attend to those changes in the direction and length of the canal which I have already pointed out, and to use an instrument of the particular configuration I have described. It is necessary that the catheter should be longer than that which is employed under ordinary circumstances; give it the length, perhaps, of fourteen inches, curved as I have stated, and always use a catheter of full size. It has happened to me repeatedly, to be called in in cases of difficulty in making water, caused by an enlarged state of the prostate, and where those who have previously seen the patients, in consequence of attempting to introduce instruments of small size have not been able to get off the water, where they have found a difficulty which they supposed to proceed from stricture; and in such cases, when the smallest catheter could not be introduced, I have repeatedly succeeded in introducing an instrument of this size with the greatest ease. It is of great importance, therefore, in cases of this kind, that you should be provided with instruments which in point of size and configuration are adapted to the particular states I have described. You can easily suppose the state of mind of a patient who has not made water for some time, the great feeling of distress which he experiences, and how grateful he is to a person, who, without giving him any pain, is able effectually to relieve him at once from that indescribable state of distress.

Calculi in the Prostate.—The prostate gland is subject to the accumulation of calculi in it; that is, peculiar calculous concretions form in the prostate, and are disseminated throughout its substance. There are two specimens of this kind.—*Treatment:* These cases are seldom the subject of surgical treatment. When calculi of this kind form in the prostate, they escape after a certain time into the urethra, and are voided with the urine. They sometimes produce uneasiness, but seldom except when passing through the urethra. These calculi are sometimes felt in the introduction of an instrument through the prostate; but they do not produce the inconvenience attending calculi in the bladder. We have little, if any, means to use for their removal, and I merely mention the subject to you, that you may be aware of the possibility of the existence of calculi in that situation.

Rupture of the Bladder.—The bladder is sometimes ruptured, in consequence of external violence, particularly in pugilistic contests. When persons are engaged in these contests, they endeavour to hurt each other in every possible way as much as they can; and it happens, I believe, (at all events, in some parts of the country,) to fall within the honourable rules applying to that calling, that if one throws the other on the ground, he may come upon him with his knees sunk into the abdomen. Now, these contests sometimes take place when people have been drinking—are half tipsy, and have their bladders pretty much distended, and when they do take place under these circumstances, it has not very uncommonly happened, that rupture of the bladder has been produced; the urine then escapes into the abdomen, and most violent inflammation ensues which terminates fatally in a very short time.—*Treatment:* In a case of that kind, if we should see the patient soon after the occurrence of the injury, and the circumstance should enable us to ascertain what has taken place, all we can do to afford relief is to introduce a catheter into the bladder, and to leave it there to let the urine flow off in that way, so that it may not pass into the cavity of the abdomen; but I am not aware of any case, where this accident has happened, in which the patient has recovered.

Bursting of the Bladder.—The bladder, when extensively distended, may burst. Now, when we speak of the bursting of the bladder, we do not exactly mean that it bursts in the same manner as the bladder would burst in the dead subject, if it were excessively distended; for you would find that a bladder, if it is excessively distended and gives way, will probably do so by *sloughing*, as an aneurismal tumour does when its coverings are

rendered very thin. This is, however, a rare termination of excessive distention of the bladder; it is much more common to have inflammation and ulceration of the urethra behind the stricture taking place, and then that course of things which I have already had occasion to describe.

Inflammation of the Bladder.—The bladder may be the seat of inflammation; the mucous membrane of the bladder may be inflamed, and such an occurrence I have already described in speaking of gonorrhœa. The mucous membrane, however, of the bladder may be inflamed under other circumstances—in consequence of inflammation of the urethra, or violence offered to the urethra. Inflammation of the bladder is attended by violent pain in the lower and anterior part of the abdomen, with an incessant desire to evacuate the urine, and with mucous, purulent, or bloody discharge mixed with it, the mucous discharge, when it exists, generally being of a peculiarly thick ropy kind, which separates from the urine, subsides to the bottom, and adheres firmly to the vessel in which the urine is contained, so that, when you pour off the water, you have a thick viscid mucous substance, almost as thick as bird-lime, adhering to the bottom of the utensil.—*Treatment:* An antiphlogistic treatment in the active stage, subsequently narcotics, either in the form of glyster or suppository, with diluent and mucilaginous drinks, are the means you are to employ in inflammation of the bladder.

Incontinence of Urine.—Incontinence of urine arises in consequence of inflammation of the bladder; that is, in the inflamed state the bladder perhaps can hardly bear the presence of even the smallest quantity of water, so that there is an incessant desire to expel the urine immediately on its being secreted, and this is called *incontinence of urine*. This affection, however, sometimes takes place under circumstances where the immediate cause of it is not quite so obvious. It is by no means uncommon in young subjects, in children, occurring in them particularly in the night; they hold their water very well during the day-time, but when they go to bed, the contents of the bladder escape insensibly during their sleep—they wet the bed. This often goes on to a very considerable length, and children are punished for it. An idea is entertained that they will not evacuate the contents of the bladder in the proper way, from negligence or carelessness: however, there are several instances in which we cannot refer it to that cause; and in the majority of cases, if not in all, it is to be referred to disease, and does not depend on the will of the patient. It should seem that, in these instances, there may be a condition of the bladder something like that of chronic or slight inflammation, so that it is excited by the presence of urine in a greater degree than it ordinarily is; inasmuch that the contraction of the bladder, which in the natural state is a kind of half-involuntary motion, takes place more readily than under ordinary circumstances; the bladder contracts, and the urine is evacuated without awaking the patient.—*Treatment:* In these cases our first object is to take care that the stomach and bowels shall be kept in a proper state, to regulate the diet and the patient's general mode of living, and by doing this, we, in a great majority of instances, put a stop to the affection, but not in all. If we find further measures necessary, we employ in succession the warm bath, the tepid bath, and the cold bath; and if these fail, we may then have recourse to what seldom will fail, the application of a blister to the lower and anterior part of the abdomen in the neighbourhood of the bladder.—Incontinence of urine may sometimes, perhaps, arise from mechanical causes; a calculus for instance in the bladder may be so lodged in relation to the orifice of the urethra, as to close up a portion of it, and leave the rest open for the continued escape of the urine.—Retention of urine frequently takes place in consequence of particular states of the bladder. It will be produced, in the first instance, from a complete interruption or diminution of the nervous influence, as in the case of serious injury to the spinal chord, from fracture of the spinal column, or concussion of the chord. The contractile power of the muscular coat is lost; under such circumstances the patient has not the power of

emptying the bladder, and we are obliged to relieve him with the catheter. Probably a somewhat analogous case, that is, either an interrupted or diminished influence of that part of the centre of the nervous system with which the nerves of the bladder are connected, produces the retention of urine which takes place in the last stage of typhus. The bladder then becomes distended, and we should relieve it in the usual way, not that it is very necessary as to the result of the case, but it would not be very creditable to us as practitioners, to allow that retention of urine to continue. Retention of urine frequently occurs, particularly in old persons, from an over-distended state of the bladder, brought on by neglecting to expel the urine when it has accumulated, so that the muscular coat of the bladder loses its power. In elderly persons the sensibility of the bladder seems to be diminished, so that they do not feel the necessity of voiding the urine so much as young persons do. Then, again, a person not being conveniently situated for emptying his bladder, neglects the first call, allows it to become distended, the desire perhaps goes off, a large quantity of water accumulates, and the bladder rises up to the umbilicus, or even higher; and when the patient is in a convenient place, and attempts to empty it, he finds that he is totally unable to do so, and that he cannot void any water at all. We introduce a full-sized catheter, and let off a large quantity, some pints perhaps; the bladder becomes distended again, and the patient is not able to evacuate its contents by the natural efforts, therefore we must go on introducing the catheter at short intervals to prevent the distention, and that gives an opportunity to the bladder to recover its natural contractile powers; and sometimes several weeks may pass in this way. In such instances we may sometimes, if we do not pay attention to all the circumstances, be misled by this fact, that when the distention has gone on to a certain extent, the resistance which the neck of the bladder naturally affords to the escape of the urine is overcome, it gives way, and the water flows out of itself, and thus incontinence of urine is joined to the retention of it. You have, therefore, got apparently two opposite states in the same individual; the bladder is excessively full, the patient cannot evacuate its contents, and yet the water involuntarily flows off in small quantities through the urethra. In the natural state the contraction of the sphincter of the bladder counterbalances the force which can be exerted by its muscular coat, so that, when we are going to evacuate the water, we are obliged to call in the assistance of the abdominal muscles; and when the muscular contraction of the bladder becomes greater than the resistance which the sphincter offers to it, then the urine passes through the orifice of the urethra; and after the patient is relieved, it produces a renewal of this involuntary flow. In the case, therefore, of an old person who may complain of not being able to hold his water, and when you come and find the water flowing off involuntarily, do not give any opinion about it, till after you have, at all events, laid your hand upon the abdomen, and felt whether the bladder is distended or not; for very serious consequences may be produced by a mistake of this kind. It happened to me, a good while ago, to be sent for to see a gentleman labouring under an affection of the bladder; and the medical attendant, who had lately seen him, mentioned that the case was one of great irritability of the bladder, that it would hold no water at all, the urine passing off as fast as it came into it. He said he had been doing all he could to get the natural power of retention of the bladder restored; he directed the patient to drink diluent fluids—in short, he had done all he could to prevent it, but yet the water ran off. It appeared to be a singular case; I put my hand under the clothes upon the abdomen, and I felt the fundus of the bladder forced up a good way above the umbilicus. I said I had brought a catheter with me, and that I might just as well introduce it, to see if there was anything in the bladder. I introduced it, and about five pints of urine immediately flowed off. The fact was, that the bladder had been allowed to be distended in this way about five days before I saw him, and the consequence was, that

that gentleman never recovered the natural power of emptying the bladder afterwards, but he, after a certain time, acquired the art of introducing the catheter, which he still employs; he can introduce and let off the water whenever he finds a desire to do so, but he never has been able to empty the bladder by the natural powers since. It is of great importance, therefore, to introduce the catheter in cases where the bladder has been over-distended, and to continue that introduction, so as to enable the muscular coat of the bladder to recover its natural contractile power, in order to prevent patients from being reduced to the very serious and unpleasant state of not being able to relieve themselves by their own natural efforts.

Affections of the Female Urethra.—The female sex are, in one respect, much more fortunate than we are; they have an urethra of only about *an inch* in length, and thus they escape all the various ills which we suffer from strictures, and their various pernicious consequences. Luckily, also, gonorrhœa attacks them in another organ, so that, so far as the urethra is concerned, they do not suffer any of the ills which gonorrhœa entails on the male sex. Females are hardly subject to retention of urine in the same sense in which it affects the male; their urethra is so short and so large that there is never any difficulty in the passage of the urine through it. If we are obliged to have recourse to the use of the catheter, it is under circumstances in which we can introduce it with great ease. Except in some cases, where difficulty in expelling the contents of the bladder, in consequence of particular states, or rather changes of position of the uterus—*retroversion* of the uterus for instance (a point which is considered in midwifery, and which, therefore, I need not enter upon),—we are seldom if ever called upon to introduce the catheter. But females go sometimes too long, and neglect to allow the water to flow off at the proper time, and thus retention may occur. This, which I show you, is a female catheter; it is a short silver instrument slightly curved. It is not necessary to expose a female patient, in order to introduce the catheter; you insert the finger between the labia, feel the clitoris, carry the left fore-finger on just by the superior margin of the vagina, and then you carry the point of the catheter gently along that finger with the other hand, and just by feeling about a little with the point of the instrument, you can easily introduce it into the urethra under the bed-clothes, and allow the water to run off without exposing the female at all.—I hardly know any kind of disease to which the female urethra is exposed, except one, which is very painful, causing great suffering, although the disease does not appear to be by any means formidable; it is the development of a peculiar vascular excrescence just about the orifice of the urethra, inconsiderable in point of size, but characterised by the light scarlet colour it exhibits, as if it were filled with blood, and as if the blood were of the florid arterial kind. It is attended with excessive pain; the ordinary movements of the parts on taking exercise, the friction of dress, the approach of any *foreign* substance—I mean such as a catheter, or any thing that we employ—produce the most exquisite pain, and very great suffering, therefore, almost constantly attends this complaint, which, fortunately, is rather rare. In the instances I have seen, I have attempted to dissect it away; this is very painful, but it is the most effectual mode of proceeding. Perhaps, if the excrescence be such as to admit of your cutting away the whole, you had better do so, or you may destroy it by strong escharotics, such as the nitrate of silver, or potassa fusa, in substance.

CORRESPONDENCE.

LATE CORONER'S INQUEST AT SPITAL.

To the Editor of the 'Medical Times.'

SIR,—I have just read your comments on the tragical event which lately occurred at Spital, near Windsor, and on the "inquest" so called, and am rejoiced to find that this affair has been taken up by so able a pen.—Well may the French and Americans denominate our inquests, as they often do, a *farce*. On reading the report in the 'Times' newspaper, I committed to paper a few

remarks, intended for the 'Medical Gazette,' or the 'Lancet,' but I find you have anticipated most of what I had to say.—The extensive vesication or blistering, was, as every one must know, quite sufficient to account for the death of the unfortunate sufferer. It required no coroner and jury to ascertain that fact. But what is the object of an inquest? Is it merely to decide on a question that ought to be answered by the most ignorant person, as—whether a scalding or blistering of the whole surface of the body, or a dose of arsenic, could destroy life? No, the object of a coroner's inquest is to investigate every circumstance of the case, strictly and honestly to examine every person who may have had anything to do in the transaction which caused the death. Instead of this, in the case before us, the most absurd and incongruous testimony given by the witnesses was passed over in silence. It seems rather strange that the mother should rub in the tenacious epispastic, or blistering, ointment over the whole body, and not perceive anything but a slight difference in colour from that which she had previously applied; however, full information should have been obtained as to all the medicaments given to the deceased. Granting that the report has been given correctly—how could the court pass without notice the exceedingly discordant evidence of the mother and the regimental surgeon? The former stated that she, herself, called first at the Infantry Hospital for the medicine; that her daughter next went for it; and she again (the mother) the *third* and last time. But what says the surgeon? Why, first, that he had no hand in the death of the unfortunate girl; (and who so wicked as to imagine it?) and that the same was caused entirely by the negligence of the hospital sergeant. He then deposed, that some time ago, deceased called on him with a prescription for the cure of a disease of the skin. As she appeared to be a modest, well-conducted poor person, he preferred to prescribe for her, himself. What was done with Dr. Ferguson's prescription is not said; but it was found necessary to send away the hospital-sergeant for medicine, and that at Mr. Frazer's own expense! and he admits that she (the deceased) called four times. On the *third* occasion he discovered, on minute examination, that his patient had an *inveterate itch!* and she was to be kept in bed for two or three days. When she called a *fourth* time, deceased said she was a good deal better; but "on again minutely examining her, he found the disorder was not entirely removed." From the *minute examinations* required, it would seem to have been a very *difficult* case of psora. Possibly the doctor was searching for the itch insect (acarus scarabei?) which, once detected, would have identified the disease, and proved Surgeon Frazer a most scientific practitioner! The reader will not fail to compare his statement with that of the mother of the victim: he states that the girl called *four* times; the mother would seem to have been rather disinclined to admit that her daughter was in the habit of visiting the Infantry Hospital. This fruitful, though melancholy subject for inquiry, I must leave in better hands. I hope and trust it will not stop here, but be sifted to the bottom, and obtain a full and impartial hearing under a medical jurist, or other duly constituted court of inquiry.—I am, your most obedient servant,

JOHN HANCOCK, M.D.

London, January 30th, 1841.

MEDICAL CONFERENCE ON REFORM.

THE first meeting of the delegates from the various medical associations took place at Exeter Hall, on Wednesday evening, Feb. 3rd. The following gentlemen were present:—From *Provincial Medical and Surgical Association*—Dr. Forbes, Dr. Macartney, Dr. Cowan, Mr. Wickham.

North of England Association—Mr. Carter.

British Medical Association—Dr. Webster, Mr. Davidson, Dr. Marshall Hall, Mr. Evans, Dr. R. Dundas Thomson.

Cornwall Association—Mr. Grainger.

This being the first meeting, the attention

of the members was occupied in preliminary matters.

DEPUTATION TO MESSRS. WARBURTON AND HAWES.

At the last meeting of council, it was deemed advisable that a deputation should wait upon the two members of Parliament who had taken such an interest in the affairs of the profession as to prepare Bills for its reform. Accordingly, having previously asked and obtained an hour for meeting Messrs. Warburton and Hawes, a deputation, consisting of Dr. Webster, R. Davidson, Esq., Dr. R. Dundas Thomson, waited upon these gentlemen at the House of Commons, on Monday, February 1st, at four o'clock. The deputation stated, that the object of requesting an interview with these gentlemen, was to inform them that a meeting of delegates, appointed by various reforming bodies in the profession from different parts of the kingdom, was to take place on the Wednesday following, and to request that the Bills prepared by these gentlemen should not be brought into the House of Commons until the sense of the profession was taken on the subject of reform. Mr. Hawes, in the most candid manner, stated, that he had intended that day, had there been a house, to move for leave to bring in his Bill. He should, however, do so on the following day, his object being to have his Bill printed, and placed on the same footing with that of Mr. Warburton; he would then name a distant day for the second reading, and, in the mean time, be open to any suggestions from the profession, or to follow any course which might seem expedient for the benefit of the cause. He considered that this was due to the public and to the profession, that a copy of his Bill should be in their hands; the expense of those which had been already printed having been discharged by himself. The members who were present, including Joseph Hume, Esq., who accidentally came into the committee-room at the time, agreed that this course of proceeding was a proper one, especially as Mr. Hawes did not contemplate enumerating, at the first reading, any of the provisions of his Bill. Mr. Warburton stated, that as he found himself opposed by the general practitioners of England, in consequence of the omission in his Bill of a clause for the suppression of illegal practice,* he should be glad that another Bill were produced containing such a clause, as he would rather this question should be fought on the introduction of another Bill than on that of his own; he affirmed that he would give his decided opposition to any clause enjoining coercive measures. He considered that all that the State should do, was to place a stamp on a professional man, and distinguish him as a person qualified to practise the art of medicine; but further than this it should not go. The same principle had induced him to oppose the Copyright Bill. The deputation did not fail to urge upon him the necessity of attending to the opinions of the general practitioners, who, in reality, formed the great bulk of the profession, and who were the aggrieved parties; that the opinions of the members of the corporations, who were generally in the enjoyment of high practices, to which they were introduced by the interest which they acquired by their connexion with the corporation, were merely those of one or two hundred self-elected persons, who were not aggrieved by empiricism, and had therefore no sympathy with the *fifteen or twenty thousand* practitioners of England;

* No, no, Mr. Warburton, this is not the only reason—and you know it. They want to have a voice in the formation of their governing boards, and to manage their own affairs; they desire to see moral worth and talent properly patronised and encouraged by the law of the land. How much longer will this too artful individual have the audacity to show his face to the profession?—ED.

and that it did not appear to them that any analogy existed between the existence or non-existence of copyright and that of human life. The deputation, having thanked the honourable members for the interest they had taken in the cause of medical reform, then withdrew.

REFORM IN THE COLLEGE OF PHYSICIANS.

THE following is an Abstract of the Report presented by the Reform Committee appointed by the College of Physicians and Surgeons, and Society of Apothecaries. It states the grievances complained of, to be the want of a general registration of licensed practitioners;—the absence of uniformity of medical education and qualifications to practise;—self election as regards the councils of the colleges and the court of assistants;—the exclusion of Licentiates of the College of Physicians from the library and museum;—the non-licensing of chemists and druggists;—the non-establishment of a board of public health;—and the absence of some restrictions on the sale of quack medicines.

The Committee having carefully considered these allegations, recommend that all graduates of British Universities, 26 years of age, now in practice, should be admitted as licentiates of the college, without examination, or paying certain fees to be hereafter determined;—the licentiates to nominate, annually, a certain number of their body, one-half of whom to be eligible as fellows, and the nomination to be conducted by ballot;—the licentiates to have access to the library and museum;—uniform medical qualifications to be required at all the British Universities, and a degree thus obtained to qualify for practice in the three kingdoms, the graduate becoming a member of the College of Physicians in the county where he resides; graduates of such universities as have not assimilated their course of study, to produce testimonials of having fulfilled such a course, and to undergo an examination before the censors. There is to be only one board of examiners, and one uniform system of examination; and the class of extra-licentiates to be abolished.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, January 23, 1841:—

John Alfred Stace.
Christopher Bradwell Craske.
George Seymour.
Michael Greene.
Henry Pearson.
John William Perrin.

Admitted on Friday, Feb. 5.

Robert Dendy.
Richard Maclean Smith.
John Williams.
Frederick Bainbridge.
B. W. Micklethwait.
G. W. L. Rickards.
Robert Couchman.
Thomas Clover Pyman.
Edward Russell.

The Hunterian Oration will be delivered by Mr. Callaway, in the Theatre of the College, on Monday, February 15th.

At the meeting of the Council of the BRITISH ASSOCIATION, held recently, it was determined that the meeting of this body, which is to take place at Plymouth next summer, shall commence on Monday, the 12th of July, and terminate on Saturday, the 17th. The Council will meet at Plymouth or Devonport, on Saturday, the 10th of July, to make the necessary arrangements.

All Letters for the 'Medical Times' must be addressed to the Proprietor, T. BAILEY, at the Office, 10, Wellington-street North, London.

THE MEDICAL TIMES.

HOUSE OF COMMONS—MEDICAL REFORM.

ON Tuesday, February 2nd, Mr. S. FRENCH presented petitions from Wexford, and other places, praying for an alteration in the law which gives to the Poor Law Commissioners the power of appointing and selecting medical officers, the petitioners conceiving that the authority of appointments was by the present law placed in inadequate hands. The honourable gentleman, from the same place, presented a petition praying for Medical Reform.—MR. HUME presented a similar petition from Kilkenny.—MR. BROTHERTON gave notice, on behalf of his honourable friend the Member for Lambeth, of his intention, the following Friday, to introduce a Bill for amending the laws relating to the Medical Profession.

INTRODUCTION OF THE BILL.

Friday, February 5th, MR. HAWES said, that not anticipating any opposition, he would not enter into any details, but would merely move for leave to bring in a Bill to amend the laws relating to the Medical Profession.

MR. F. MAULE said, it would be well in any measure of this kind to have the concurrence of the medical corporations.

MR. WAKLEY said, that all reforms proceeding from those corporations had been unsatisfactory, and all measures proceeding from them, he believed, would be so.

MR. WARBURTON agreed with the Hon. Member that no good would be done if the proposition were measured by the wishes of the medical corporations.

LORD JOHN RUSSELL would not give an opinion upon the general subject, but he thought it necessary to adopt a better mode of ascertaining the qualifications of medical men than that which at present existed.

After a few words from MR. HALFORD and MR. F. FRENCH,

SIR R. INGLIS said he would not oppose the Bill.

MR. HUME hoped the government would step forward with a measure of its own, and endeavour to settle this important question; it would be much better done in this way.

MR. WAKLEY said, he would, at a future stage of the Bill, make good the charges he had made against the medical corporations.

Leave was then given to bring in the Bill.

MR. HAWES accordingly introduced his Medical Reform Bill, which was read the first time, the second reading of which is appointed for next Friday, Feb. 19th.

We cannot refrain, in the first place, from expressing our approval of the sentiments breathed in the petition, touching the power which the Poor Law Commissioners possess, against all reason and the rights of society, individually and collectively, of appointing medical officers for the care of the poor. The

privilege of election should rest with the parishioners at large.

In our opinion it is morally impossible that medical officers to the majority of the unions can render justice to the poor; they are remunerated adequately neither for their labour, time, nor medicine. What then must they do, as a general rule preparatorily to taking a union—they must cast aside conscience, being predetermined to make their visits as scarce as possible, and to deal out to the paupers the lowest priced and most inferior drugs. We know some unions form an exception. Does the present investment, we ask, of power, encourage a system of slow murder, or does it not?

Notwithstanding Mr. Hawes' bill is very, very defective in its provisions, the profession, should it pass, will have a voice in the formation of their governing bodies, (to which principle Mr. Warburton has lately confidentially expressed himself to his friend Dr. Webster, as being so inveterately opposed,) and which must necessarily lead to the removal of many abuses and grievances at present afflicting the medical profession, and proving highly detrimental to the interests, health, and happiness of the people.

We must, however, be so candid as to acknowledge, anticipating the secret and open opposition which the bill will meet with, that our expectations do not correspond with our desires.

We lament that so few petitions have as yet been sent up to back the cause.

Provided Mr. Hawes' Bill is kicked out, what then will be the consequence?—up will start Mr. Warburton with his "Registration Bill"—a bill most infamous in its nature and bearings, having for its objects—to tax the members of the profession annually, without rendering them any immunity or protection in return, and to cement ten times more strongly the walls of our obnoxious monopolies; to make the profession bondsmen and party minions to those in political power; to provide a few snug berths as registrars and otherwise, for political favourites, and so increase ministerial patronage; to increase enormously the expense of medical education; to exclude talent still more from the profession, and thereby prove deadly detrimental to the dearest interests of our fellow-countrymen. Shall such things be permitted to take place? If so, how true will be our prognostication which we made during the last parliamentary session, namely, that when "Mr. Warburton's Bill passes, the profession will find themselves in a worse position than before—it will be a mock Reform," only redounding to the benefit of our monopolies, and his politico-medical institution more particularly amongst the rest.

Afterwards, at the eleventh hour of the session, Mr. Wakley will perhaps have the acumen to discover that something *more* should be done, but owing to "the pressure of other business," it will not be brought on until just before the close of the said session, when it must needs "stand over until the next."

It would be amusing, were it not culpable,

how ingeniously Wakley manages things at the commencement of each session; last week he makes the important announcement, as a sort of set off, that "the whole strength of Medical Reform reposes in the hands of the medical profession"—thus excusing his own delinquencies, and *throwing the whole of the blame of omission* (as to the ill success past and to come, also regarding that which should long ago have been done by him, and which he was pledged a thousand times over to do) *upon the backs of the profession*.

No, Mr. Wakley, the medical profession have well backed and supported you, and you must this session at least, after five years criminal negligence, perform your duty towards them honourably, by unequivocally pressing forward the cause in the House. Is the medical profession again to be betrayed by a set of parliamentary jugglers, and are the lives of the community still longer to be compromised?

As to Mr. Maule, in the debate, we can only say that he spoke like a complete blockhead—he should never open his mouth again about Medical Reform, for he knows nothing at all about it, and he is a century behind the intelligence of the time in which he lives. Mr. Hume's idea that government was either able or willing to bring forward a wholesome Medical Reform Bill of their own accord, was most erroneous, seeing, as our readers will do, by reference to Mr. Roberts' letter in our columns of to-day, that many of the present Cabinet are first-rate medical monopolists.

Whilst we leave the editor of the 'Medical Gazette' to twaddle with Dr. Thompson, in his pusillanimous and puerile leaders respecting the qualities of tea, (a contemptible attempt to divert the thoughts of the profession from medical reform,) we advise the profession to support Mr. Hawes' Bill, with all its defects, by sending in as many petitions as possible this week, signed by medicals and non-medicals.

Should this step be gained, another bill can be subsequently introduced for the election of medical officers to public institutions and charities by *concour*, and embracing other principal and essential features of medical reform.

The British Medical Association cannot be depended upon to do this—a bill must be framed, ready to be introduced at the fit-time, and supporters in the House must be canvassed for, by dint of individual exertion of members of the profession.

We direct the attention of our readers to a letter upon the Anatomy Act addressed to Lord Melbourne, which we think of great importance, both to the profession and the public. We point out especially to students, the very unfair way in which they have been treated, by the subjects, which should have been given up solely for the benefit of science and humanity, having been made a source of emolument in favour of some few medical monopolies and large schools.

THE ANATOMY ACT.

THE RIGHT HON. LORD MELBOURNE.

MY LORD,—Having treated upon two points of the matter introduced in my last letter—namely, the contravention of the Anatomy Act, and the cause assigned for the injustice which I have experienced for having asserted the inviolability of the law—I will now proceed, my Lord, to the third point.

It is an incontrovertible fact, that by the contravention of the Anatomy Act the University College has obtained its chief pecuniary support, and the circumstance of that institution being upheld by the infraction of the law constitutes its proprietors a faction. The ambition which desires to take the lead of faction may be traced in the philosophic wisdom which has excluded religious instruction from the College, thereby forming for its own views the machinery for making converts of the rising generation. I trust, my Lord, that I have now established my argument, which proves, that your Lordship's government have acted, in the execution of the Anatomy Act, in direct opposition to the opinion of that eminent constitutional lawyer, Judge Blackstone, and, I may add, of every subject of the present day, who regards the welfare of the community. This is evident—1st, That the law of the land has been contravened to promote the emoluments of the University College.—2nd, That Mr. Warburton's speech in the House of Commons on the 21st May, 1840, and sanctioned by government, implies that the spirit of resistance which I had maintained against the contravention of the Anatomy Act, was of itself a sufficient reason for confiscating my property intrusted into the hands of government for the purpose of giving effect to an Act of the legislature.—3rd, That government, by their fostering care of University College, have given, in its worst form, illegal aid to advance the interest of faction and ambition.—It is very necessary, my Lord, to bear in mind, that the legislature left the control of the Anatomy Act under direction of government, as a guarantee to the public that it should be legally fulfilled.

In looking over the list of proprietors of University College for the year 1838, I have found the names of the following members of your Lordship's government, several of whom have taken an active part in the management of that institution, and consequently must be well acquainted with all its arrangements to gain political and pecuniary advancement. Here is the list, my Lord—

Lord John Russell, member of the Council, University College; Marquis of Lansdowne, do. do.; Lord Auckland, do. do.; Viscount Ebrington, do. do.; Sir John Campbell, Attorney-General, Auditor, do.; Lord Monteagle; Sir George Grey, Bart.; Sergeant Wild; Right Honourable Henry Labouchere; Right Honourable C. P. Thompson.

My Lord, in a former letter I solicited your attention to the fact of the directors of University College obtaining human bodies from parish and union workhouses at a few shillings each cost (under the plea of aiding anatomical science), and then retailing the same bodies out to students of anatomy; in fact, at the rate of 4l. 10s. to 4l. 15s. each—thus defeating the professed object of the Act. However shocking, my Lord, it may appear to the dignity of your Lordship's government, still it is beyond denial that they have constituted themselves dealers and chapmen—otherwise retail dealers in the remains of the destitute poor. Lord John Russell may, perhaps, my Lord, console himself under the idea that what he loses in the esteem of all virtuous men, is compensated by

the number of votes which are influenced by such gross immorality. If such be the case, your noble colleague is to be pitied.

It would seem, my Lord, that University College had been established for the purpose of exhibiting to the nation the practical effect of the philosophy of the day. To prove to the people of England that it has the power to degrade the highest moral offices of the state for the sole purpose of obtaining votes and money by the most disreputable means—by breaking the law, and thereby transforming the dead bodies of even pauper subjects into votes, and afterwards converting their flesh and bones into money.—See, my Lord, that distinguished lawyer, Sir John Campbell, the recognised public protector of character and property, degrading himself by auditing such accounts as these:—

Dr.	Cr.
To subjects from St. Marylebone workhouse 2s. 6d. each; paint for injection 2s. or 0 4 6	By cash, for each subject 4 12 6
Profit (about 2,000 per cent.) 4 8 0	
£4 12 6	£4 12 6

It may not be out of place to remind your Lordship that in September, 1836, in an official document addressed to Mr. Rice by Lord John Russell, his Lordship admits the "importance and utility of my invention" to give effect to the operation of the Anatomy Act; but his Lordship declined recommending a grant of money to be paid to me for the purchase of the invention. This document was transmitted by Mr. Rice to Mr. Warburton, and I obtained it from his hands. I then told Mr. Warburton that I considered my negotiation with government closed. He replied, "No;" the admission made by Lord John Russell is important: "Mr. Rice is the only man of science in the Cabinet. The question is a money one; therefore it is, strictly speaking, in his department. Leave the case in my hands, and I will draw Mr. Rice's attention again to the matter." I did so.—Mr. Rice, knowing as he did the expressed opinion of Lord John Russell in September, 1836, directed in February, 1837, Mr. Warburton to make a report to him of the completeness of my invention. Mr. Warburton, *as a sine qua non*, insisted upon my imparting to him the secret of the process. After some hesitation on my part to comply with Mr. Warburton's demand, at his request I wrote to Mr. Rice stating my intention to accede to Mr. Warburton's proposal. In January, 1838, Mr. Rice received a favourable report from his own agent, Mr. Warburton, recommending government to adopt the invention. When Mr. Rice received that report he expressed himself pleased with it, and only required a few days to search into precedents for making private grants. But in April following, he transmitted my claim to Lord John Russell, *knowing as he did* his Lordship's opinion upon the subject. My Lord, what right had one member of the government to obtain the secret of my invention, and thereby my property and years of toil, and then to refer the subject to another member of government who he knew would maintain his previously declared opinion?

My Lord, I cannot view this transaction in any other light than a deep-laid scheme to obtain the secret of my invention for the purpose of preventing any private school of anatomy from availing themselves of it, to the injury of University College.—I particularly wish to impress upon your Lordship, that I did not part with the secret of my invention to aid Mr. Warburton's objects—but with implicit reliance upon the honour of government not

taking undue advantage of the confidence which I reposed in them.—If your Lordship will refer to my letter, No. 1, you will find that I did not originally seek the government to grant me pecuniary compensation—the document there given, proves that it was considered, by those best able to judge, for the benefit of the public that government should adopt my invention. When Lord John Russell refused to grant me compensation, although I waited six months for that opinion, I did not complain—all I asked for was, in justice to the public and to myself, that the Anatomy Act should be legally administered, that is, in its letter and spirit. If my humble and just request had been complied with, I should not now be trying to impress upon your Lordship's attention the absence of every principle of honour on the part of government towards me—I have not the least doubt that had I obtained a patent—and had government seen that the Anatomy Act was carried into effect, I should have been compensated fivefold above the amount stipulated as the remuneration to be paid to me by government in lieu of a patent right. The large number of documents already furnished to your Lordship, from men possessed of the best information, fully prove that without the aid of my invention the Act cannot be carried into operation. The government had the means, in 1836, to advance anatomical science—but to do so would have destroyed the advantages which they were conferring upon University College by the illegal administration of the Anatomy Act.

I have already drawn your Lordship's attention to the profitable trade carried on at University College by the sale of dead bodies; but there is another consideration of greater importance to the College—the deficiency in the supply has been the means best suited to keep the private teachers without a subject for weeks, at the commencement of the anatomical session, for either dissection or lecture, consequently students have been deterred from entering at those schools—but when they applied at University College they found the course of lectures and dissections in regular progress. This is the means, my Lord, whereby University College has been enabled to obtain nearly 500 pupils, at a profit to the College of from 12,000*l.* to 20,000*l.* per annum. I will now proceed to show how my invention would affect this pet institution. It is a fortunate thing for me that I have not occasion to ask your Lordship to take my statements unconfirmed, as every material fact is supported by documentary evidence, which your Lordship's government have admitted to be “strong and influential.”

The documents already before your Lordship prove that, with the aid of antiseptic means to prevent decomposition, one-fourth only of the present supply of subjects would suffice for the wants of anatomical science, and it is admitted that my invention alone would give this advantage. Here, my Lord, I show that three-fourths, at least, of the profit at University College arising from the sale of dead bodies is a wanton waste of paupers' remains.—Then again it is stated that the supply is not above equal to half the demand (of course taking the present supply and using the same number preserved as are now used unpreserved); my process would give a double number by including the bodies given up during the six summer months, which is by far the best season to pursue dissection. By its application all schools of anatomy could prosecute dissection with regularity and order, and pupils would not be almost forced to enter at University College. But the objection on the part of your Lordship's colleagues and parti-

sans is, that any improvement which would interfere with the monopoly of the Anatomy Act would most materially reduce the 12 to 20,000*l.* per annum now obtained from pupils at University College.—I beg to remind your Lordship that you have also proof that my antiseptic process would prevent the numerous sacrifices of students' lives and health, through contact with infectious bodies, and of many more who suffer from the putrid atmosphere of dissecting-rooms. I may add, that your Lordship is aware that the use of antiseptic means would enable students of anatomy to dissect and revise their labours, and that thereby the public would have the benefit of their superior acquirements in their future practice.

I could lay before your Lordship a considerable addition of important matter connected with this subject. I have taken the trouble to dissect the Anatomy Act; when its smooth skin is removed, its deformities are conspicuous. However, my Lord, I feel assured that I have already established a clear case of tyranny and injustice which deeply concerns the public.

Should your Lordship feel disposed to make restitution the means are ample:—1st. Let University College refund the money made by the sale of pauper bodies—the amount should be applied to relieve the poor and destitute.—2nd. That the large amount made since 1836, by that institution, by the contravention of the Anatomy Act, be paid over to those persons who have suffered by the illegal monopoly which has been exercised in the administration of that Act. I feel convinced, my Lord, that every humane and honourable minded shareholder in University College will not desire to hold the money which they have received as the proceeds of illegality, injustice, and oppression.—I have the honour to remain, my Lord, your most obedient and humble servant,

W. ROBERTS.

6, Old Fish Street, Jan. 20, 1841.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XVI.—HOW MR. WHIPPLES AND HIS COMPANIONS CONCLUDED THE EVENING.

(Concluded from p. 215).

IN two minutes more, the hapless Whipples was marching along the pavement, as well as his condition would allow, between the two policemen, one of whom carried his stick, and the other was taking most paternal care of his hat, which appeared to have sustained some little damage in the course of the evening, as the crown was knocked completely in, the brim covered with mud and sawdust, and small particles of turnip-tops, and the lining betraying a most obstinate tendency to assume an *inversio uteri* kind of appearance.

The reaction of sulkiness was beginning to supersede the excitement of intoxication in our respected friend, and his anger against some imaginary object was now and then vented by a firm stamp with the iron heel of his country-made boot upon the devoted round cover of an occasional coal cellar, or a triumphant swing of his disengaged arm (for the policemen were supporting him by the shoulders), as he encountered a pieman or potatoe merchant. But the journey was too short to admit of much display of defiance, and a few houses beyond the corner of the street the party entered the police-office.

It was a bare, cheerless room, with a fire burning at the side, surrounded by two or three benches, on which the same number of guardians of the night were idly lolling, in expectancy of a fresh arrival. In the middle of the circle, stood a short, square-built, dirty boy, who had just been brought in, on suspicion of having stolen a pint pot which was found in his

possession, and now stood in solitary importance upon the chimney-piece. A messenger had been dispatched to the landlord of the house, whose address was cut upon the pewter, to know how far the boy's statement with respect to the manner in which he had obtained the guilty measure was true, and the lad was awaiting his return in a state of pleasant or exceedingly comfortable suspense. Occasional wild screeches and convivial yells arose from the corner of the office that led to the lock-up places, which Mr. Johnson had alluded to as jugs; and when these reached an unpleasant height, or tended in any way to disturb the nerves of the policemen, a visit from one of them generally succeeded in quelling the riot for a short period, but only for it to return the instant he left the door.

The night constable, inspector, or whatever else he may be called, occupied an enclosed closet, something resembling, but rather larger than the money-taker's box at a theatre, with a similar pidgeon-hole in front, that shut with a small door, like the post-paid aperture at a receiving-house. As soon as the policemen entered with Whipples, one of them tapped at this little door, and it was immediately opened.

“What's the charge?” said the constable, as he peered out from his apartment.

“Being drunk, upsetting a market-cart in Covent Garden, and using abusive language,” returned the policeman who had first taken Whipples into custody, all in a breath, and as if he had said it many times before.

“Very well,” said the constable, shutting the door, whilst he took two whiffs of his pipe, drank a small portion of a pot of stout, and looked on the ground after his pens, both of which he had trodden upon and given them very long splits.

“Pleeceman!” shouted a shrill voice from the lock-up cells.

“She's at it again,” remarked one of the division, who sitting on a bench by the fire, with his hands clasped together, his elbows resting on his knees, and his head hanging down, like a country surgeon at a lingering labour, making the best of an abortive attempt to persuade himself that he was going to sleep.

“Pleeceman!” screamed the voice again; “this young 'ooman's a-dying; s'elp me God she's a-dying.”

“Do you mean to keep quiet or not?” said the policeman, going to the door of the jug, and giving it a rattle, that would have frightened the King of Thunder himself.

“No!” cried the voice, “I means to enjoy myself, and be happy. Vot's the odds as long as yer hap-happy,” and the voice continued to support the assertion by pouring forth a series of mournful sounds, as well as hiccups would allow of continuation, apparently explanatory of several important proceedings that took place a long time ago, when it, the voice, and certain nameless companions, went gipseying. This gradually merged into a sound which you would expect to hear after you had given a patient a dose of sulphate of zinc or antimonial wine, and which we believe is pathologically called “shooting a cat” at Apothecaries' Hall, and then another temporary silence was restored.

“Now, sir,” said the inspector to Whipples, who had continued since he was brought in, gazing with an air of sad and fond remembrance at the pewter-pot on the mantelpiece; “now, sir, what's your name?”

“Not guilty,” returned Whipples, who had some faint idea that a species of judicial inquiry was going on, of which he was the object.

“What's your name—your *name*?” cried the inspector in a higher tone, falling into the common error of thinking all drunken people deaf.

"Sir Astley Rhodes," was the reply.

"See what he has in his pockets," said the inspector abruptly to the policeman, seeing there was little in the shape of a rational answer to be expected.

The "crusher" proceeded to search Mr. Whipples, who submitted with an air of passive resignation. The first thing he turned out upon the bench was a silk handkerchief, with a fox's head in the middle, and a great hunt, or rather four respective hunts, going on all round the edge. Then from the other pocket of his great coat was produced a tiny book of anatomy, two inches by one in size, with Swub's name written at the commencement, which of course was put down on the police sheet, and this volume was succeeded by a collection of bread-crusts, and potatoe-peelings, with which Macarthy had quietly endowed his pocket at the Cyder Cellars. His waistcoat gave up a bent probe, a shilling, the key of his locker, and some crumbs of various gum-resins, which he had put there at lecture, when they were sent round, in order that he might study them at home; and these concluded his effects.

The policeman briefly stated the various causes which had induced him to offer the delinquent a lodging for the night, with no chance of breakfast in the morning; and the inspector, thinking that reasonable ground had been elicited therefrom to justify his detaining Mr. Whipples until he had paid his respects the next morning to the sitting magistrate, ordered him to the lock-up cell. Hither he was directly conducted; and having been deposited in a corner by the policeman, with his back against the wall, he was soon wrapt in the mingled unconsciousness of sleep and intoxication, in spite of the yells and screeches, the drunken squabbles and hysterical moanings that broke forth around him.

The cold grey light of morning crept sluggishly through the apertures of the cell that served for windows, and the rumble of the early vehicles in neighbouring streets, began to prelude the round of noise, fog, business, misery, crime, and repentance of a London day, when our luckless hero woke up, and allowed a full consciousness of his not very comfortable situation to break in upon him. All his excitement—all his vapid defiance and valour had passed away. A headache that seemed inclined to pull his brain in two succeeded to his gay imaginings of the previous night. His eyes smarted with pain and broken rest; his mouth was dry and feverish, his lips black, his hands red and swollen, his stomach revolting at every thing he thought of or perceived about him, and his apparel torn, dirty, and defiled by the mess and filth it had encountered. The wretched companions of his imprisonment were disposed about the place in various groups. Some still snoring heavily with the stertor of intoxication; others smacking their lips with thirst, and want of their morning dram to "settle" their diseased and irritable stomach, whilst others, awake, but hardly returned to their proper intellects, were gazing listlessly at the window which quivered in their disturbed vision, or indulging in occasional unmeaning wailings, half-singing, half in tears. The only one who appeared at his ease, was the boy who had been found with the pint pot, and was looking around him with something that amounted to a grin, far different to the aspect he had assumed a few hours before, when in the presence of the inspector and his force.

"Was you ever in this crib afore?" said the boy, addressing himself to Whipples, who appeared the only one capable of attending to him.

"No, never, never," replied Whipples hastily, anxious for his credit, even in a police-office.

"Ah! but you've bin in others, I lay a

penny," continued the boy; "vich do you like the best of 'em?"

Mr. Whipples assured the boy that he had never had the ill-fortune to be in such a disgraceful position before, an assertion which the boy received with a credulous stare, and the chorus of "Nix my dolly" whistled very loud.

"I've tried 'em all," continued the same young gentleman, after a short pause, with a candour that was quite charming. "I've tried 'em all, and don't know vich I prefers. I thinks the Queen Square jug is the best though, if I have a choice, 'cos it t'aint so cold as some of the others. Vot are you in for—lushiness, eh?"

Mr. Whipples faintly replied in the affirmative.

"Ah!" continued his friend, "I thought so, you look so uncommon seedy, to be sure."

"What will they do with me, do you think?" inquired Whipples; "I'm afraid I behaved ungentlemanly to the policeman."

"You don't say that!" said the boy, with an expression of horrible amazement; "I shouldn't wonder if they was to send you to the treadmill for a month."

"My God! what should I do if they were?" exclaimed Whipples.

"Do as they all does, to be sure," was the response; "Vork damned hard upon precious little grub. I never see sich a gitting up stairs as it is, only you never comes to the top."

There are some situations in life, wherein years of misery, and conflicting hopeless passions, are crammed into the intensity of thought that barely occupies an instant; and that was one of them to the luckless Whipples. The whole reality by which he was surrounded sank away from his brain, in the appalling images which his other ideas conjured up. The treadmill for a month! How on earth was he to account for his absence from the hospital. What would his governor think at receiving no news from him, and how should he get his certificates signed. It was a fearful thing to imagine, and he would have cried as he dwelt upon it, only, in the first place, he was ashamed, and in the second, the policeman had got his handkerchief.

An hour or two passed miserably on, and at length the bolts were withdrawn, and he was summoned to the office. His ideas were as completely bewildered as if he had been going to be hung, and he scarcely knew what took place, until he found himself in the presence of the magistrate, amidst a crowd of the lowest, filthiest characters that London could produce. One thing alone slightly recovered him. Amongst the greasy mob that filled the office he perceived Macarthy and Swubs, who anticipating what would take place, had come down to watch the proceedings. Before he had time, however, to exchange recognition, he was placed at the bar.

"What's your name?" said the magistrate, in a tone that made him wish himself underneath the floor, or in his own pocket, or any other place of concealment equally probable of affording it. "What's your name, sir, and what are you?"

"Joseph Henry Whipples—medical student," faltered the culprit.

"There's a fool," whispered Mac to Swubs; "he's given his own name?"

Swubs' reply was comprised in the two words "Damn'd ass!"

"Your name is down as Robert Swubs in the police sheet, continued the magistrate; "how is this, sir?"

Whipples returned no answer, but appeared endeavouring to replace the disjointed crown upon his tattered broken hat. Swubs turned as red as an injected foetus, and Macarthy gave

Whipples credit for more tact when he was drunk than when he was sober.

"You are charged with being drunk and disorderly," continued the magistrate, not inclined to put much weight in the theory of names of a police-office. "You moreover upset a cart containing vegetables in Covent Garden Market. Have you anything to say in your defence?"

"I was intoxicated, sir," replied Whipples; "upon my honour and word I was."

"We do not doubt it," said the magistrate; "and you are fined five shillings. The owner of the cart is in attendance, and I recommend you to make some private arrangement with him. You will pay the clerk the money, and then you may retire; but I hope never to see a gentleman again in such a disgraceful position."

The five shillings was slipped into Whipples' hand, and the fine paid to his great joy, at what he considered so lenient a punishment. It is presumed that the affair terminated equally well with the owner of the cart, as ten minutes afterwards the whole party were seen sitting down together to chops and stout, at a tavern in the immediate vicinity of the police-office; and before the repast had concluded, Mr. Whipples had quite forgotten about the treadmill, and thought himself better qualified to assume a tone and standing in society, after passing the night in the lock-up cell of Bow-street.

ROCKER.

INTRODUCTORY LECTURE TO THE SECOND DIVISION OF THE ANATOMICAL SESSION 1840-41.

Delivered at the Charlotte Street School of Medicine. By G. D. DERMOTT, Esq., Lecturer on Anatomy and Surgery.

(Continued from our last.)

I SHALL next direct your attention to the circulation of blood in REPTILES. In the different kinds of these animals it shows a vast variety of gradations which gradually shade from the double circulation of man, mammalia, and birds, to the single circulation in fishes.

I will first particularize the circulation of blood in frogs, and in their allies the toads. In both of these there are *two auricles*, the right receiving the venous blood from the system, the left the arterial or pulmonic blood from the lungs, which currents of blood blend together in the *single ventricle*. This ventricle gives upwards the aorta which gives off the right and left pulmonary arteries, and afterwards bifurcating, divides into two arches, which bending backwards, unite so as to form the descending aorta.

The frog, the toad, the newt, the lizard, the camelion, serpents, and the tortoise, breathe by swallowing air nearly as we swallow food. The rima of the glottis, or the commencement of the trachea, is an opening seen just at the root of the tongue. The frog receives air only through its nostrils, therefore keeps its mouth shut; when it opens its mouth its breathing is suspended. The muscles of the jaws and the os hyoides draw in the air into the bag beneath the jaw, then a contraction of this bag takes place, and the air is propelled into the membranous lungs, and, lastly, expiration is effected by a contraction of the abdominal muscles driving the air out.

I next direct you to the circulation of blood in the newt, which is very analogous, indeed, to that in fishes, as you see by this diagram; it has one ventricle, and, arising from that, one artery, which divides into arches, as in fishes, but which give off *loops of ramifications*, supplying the external gills; these arches having again received these loops containing oxydized blood, unite together posteriorly into the descending aorta.

Observe that the young frog or tadpole, for the first fourteen days, has external gills;

shortly afterwards it has four rows of internal gills, like those of a fish; lastly, when it comes into the open air, the gills shrink, and the lungs come into play.

In lizzards, serpents, and tortoises, the ventricular part of the heart is partially divided into two cavities. In the crocodile this partition is most complete. By this diagram which I now draw, you see that the right ventricle in these gives off the pulmonary artery, whilst we have at the same time the left aorta (properly so called) arising from the left ventricle bending backwards, and forming a right arch, whilst the right aorta arises from the right ventricle (and which is, in fact, a ductus arteriosus), bends backwards and forms a left arch. These two arches uniting constitute the descending aorta. But before they do so, the left venous arch (ductus arteriosus), from the right ventricle in the turtle, and some lizzards, gives off the celiac and mesenteric arteries (for the most part conducting venous blood) to the viscera.

Now, as to CRUSTACEA, this diagram illustrates the circulation of blood in the lobster. The heart, consisting of one cavity, is situated under the dorsal shield, whence six aortæ pass off, conveying the blood to the different parts of the body, and which is collected in a great vein which runs longitudinally throughout the whole length of the abdominal side of the body of the animal; thence the blood passes through these vessels to the gills, and from the gills, you see, by another class of vessels to the heart.

In concluding my remarks upon the circulation of the blood, and the vitality in it, there is one thing which I must impress upon your minds, viz., the vital reciprocity of action which exists between the sanguineous and nervous systems. The vital property of any part of a nerve—whether a nerve of volition, sensation, or peculiar sensibility—I believe depends not only upon its *ori in*, but also upon the vessels organising any portion of the said nerve in its course, and developing the living principle in it. Thus, when the femoral artery is tied, the inferior extremity is benumbed in consequence of the nerves not being organically supplied with their quantity of blood and vital irritability, and their living properties not being in a due degree developed, as an effect of that. But it must be remembered, that although the development of nervous power be thus dependent upon the action of the arteries in the brain and nerves—*still these arteries could not act if they themselves had not their coats supplied with nerves*, gifting them with a capability of action, and a susceptibility of being stimulated by the arterial blood; thus there is an inseparable reciprocity of action between the vascular and nervous systems.

I now come to the second grand division of my subject, viz., what you should do, and what you should not do; and upon what you have to depend in order to establish your prospects.

You have been told, no doubt, by some of those lecturers whom you have already heard, and who, perhaps, are dignified with a *black rag* upon their dorsal spine, that by exertion and industry you will be able (as the profession now stands) to attain fame and emolument. Now, such statements are base falsehoods—only calculated to deceive the pupil, subsequently to disappoint him, and eventually to render him disgusted with the profession. It is not of much use, however, any longer attempting so to hoodwink and humbug either the medical men or pupils.

Well, say you, then what is the real state of the case, and what are we to do? Why, I can tell you how too many do get on, but whether you ought to adopt the plan is another question. Should you, then, not be scrupulously conscientious, and should money alone be your

object, if you are a young man of good family you need not mind much about your cerebral qualifications (and this will give great satisfaction to the idle), but a little knowledge of music, dancing, and a smattering of the dead languages, are the first essentials—no superfluous quantum of intellect is necessary for ultimate success. We will suppose you have passed the ordeals of the College of Surgeons and the Apothecaries' Company, and that as you wish to appear a very great man when you get back amongst your natives, you determine somehow or other to get the title of M.D., and that you wish to obtain it at the Royal College of Physicians; for this purpose, then, scattering abroad plenty of gold-dust, enter yourself either at Oxford or Cambridge, and rub your shoulders against the walls of those sacred repositories for three years, get some person to write your thesis—produce your testimonials of having kept your number of terms, and, (as expressed in the evidence before the House of Commons), the beadle may possibly hand you your diploma. You thus obtain your dispensation to authorize your dealing out your learned prescriptions, and improving those incorrigible blockheads, those stupid apothecaries.

And now I will tell you something about your conduct to harmonize with this as a successful practitioner; attend then to my rules—let your visage be solemn, and carry with you a formality of manner, but do not let it border upon austerity—be to your employers obsequious, cringing, fawning—always ready with a low bow—flatter and even praise their foibles and vices—be in the worst sense of the expression (not the scriptural) “all things to all men.”

You must also make your ‘entre’ in the fields of literature, by sending your learned communications to the Journals; select those subjects which happen, at the time, just to be the rage; throw out a few pamphlets of your own, sticking in a few Latin and Greek quotations, never mind whether adapted or not: physiological tracts will do exceedingly well, provided you advance novel assertions that cannot be very readily or easily disproved. Look about you for the most numerous attended conventicles, join them, have a pew in a very ostensible situation, and be sure that your servant manages it well in your being occasionally called out, that will prove better than all the advertisements of Dr. Eady.

If you are called into a patient who has been previously attended by another practitioner, ask for the medicine, put the bottle to your lips, smell the cork, shrug up your shoulders, and if the medicine has been white, order something which shall be black, brown, or red.

Again, do not start in too large a street, nor in too small, a sort of betwixt and between. Have your night-bell sufficiently large, so that when it is rung, one half the inhabitants of the street shall be awoke from their slumbers—this must be rung by some trustworthy friend, at least three or four times a week. Get your wife to declare that your professional engagements are so numerous she can never realize your sweet company at home.

Lastly, you must for a week or so, every now and then, hire a job carriage, and when you have got it, set as far forward in it as possible, reading some book, Jack the Giant-killer, &c., and call upon as many persons as you possibly can—you can easily make an excuse for your giving your carriage an occasional vacation—such as your coachman being ill—your carriage undergoing repair—or one of your horses being injured.

Such resources as these are practised successfully by very many; and I am truly sorry to say, that the present state of the profession

which gives umbrage to such practices degrades the mind of man, and supports dishonesty, deceit, oppression, hypocrisy, and even the prostration of religion itself.

I am now speaking of the system—far be it from me to say that there are not at present honourable examples of men in whom talent, family influence, and money have joined hands, who are both the ornaments and the boast of the profession—our Brodies—our Coopers—and our Guthries, and towards whom my breast as an individual will, as long as I live, swell with gratitude for the acts of friendship which I have received from them.

Whilst I have held up this despicable picture to your view, you know that the whole of the medical profession is on the tiptoe of expectancy for a change. With regard to the Bills about to be brought before the House, Mr. Warburton's, after he has taken certainly not quite half a century in its production, is only so much waste paper; it is a mockery offered to the profession instead of a boon. Mr. Wakley, I fear, will not do (as to introducing and passing a good Medical Reform Bill) much more than he has done for five years past; he will make a little fuss at the commencement of the session, and a little towards the termination. As to the Attorney-General, I doubt much that he will produce a Bill at all, for the bare suggestion of it on his part was burked by Mr. Wakley in the House last session. What was the dialogue which then transpired (August 10th): The *Attorney-General* “hoped no objection would be made to his asking for leave to introduce a Bill at once.”—*Mr. Wakley* said, “that Mr. Warburton's Bill was in every way worthy the public and the profession.”

Did Mr. Wakley speak upon the strength of his own knowledge of the Bill?—if so, how turns it out to be only a Registration Bill, acknowledged by Warburton himself by no means to correspond with the wishes of the medical profession? Mr. Hawes' is decidedly the best, because it acknowledges the representative system of government—the only good and rational one, and it behoves the profession to support it. It, however, says nothing about the mode of electing medical officers to public institutions by concour, which should have been made a principal feature in his Bill.

A word or two respecting the extreme difficulties with which the private schools for these last few years have had to contend, more particularly as connected with the Anatomy Act.

Was not the real object in framing the Anatomy Bill—without introducing a single provisional clause for the equitable distribution of bodies—the destruction of the private Schools? It had nearly proved their destruction; for the public schools having most influence with the parochial authorities, monopolised the bodies, and kept the private schools for several months entirely without dissection.

In 1833 or 34 (I cannot tell exactly without referring to dates), I appealed to the inspector appointed by government, and applied for dissection.—What was the reply of this agent? Why, that he could not assist me, and that it was “no good to cry stinking fish.”—I would, however, cry stinking fish at any time, if thereby I could fairly get rid of it.

It was even acknowledged to a gentleman, who is now present, that their speedy destruction was calculated upon, coupled with the assertion, that no good could be done for the public schools until that was the case. But they were sorely disappointed—by the strong remonstrances which I made to government, I fought them single-handed, and caused the supply to be thrown open to the private schools, as it has been ever since.

Was not the Charter of the London Univer-

sity (so artfully drawn up as it is) intended to destroy the private schools?

Why has the framer of the Anatomy Act, the principal framer of the Charter too, and a large proprietor in a public medical school, so arbitrarily conducted those star-chamber, private, mock-inquiries as to the working of the Anatomy Act—is it to have screened what ought to be exposed and punished?

Will it be believed, that in one of these *ex parte* inquiries, an *ex parte* tissue of falsehoods were strung together regarding a private teacher—that these *ex parte* lies were printed as a parliamentary document, and circulated abroad, and that the individual so belied was perfectly unaware of such mis-statements having been advanced until the printed report was unexpectedly read to him by Mr. Warburton in February last, during the last private inquiry conducted by him under the authority of the Queen's commission?—Moreover, that this said teacher has since, again and again, applied to Mr. Warburton for a copy of the report, or to be informed of the precise date and title of the said document in order to obtain it—but without avail!

Yet this is the man who, in reference to Mr. Phare's case early last session, rose up in the House and stated, that "*no man should be condemned unheard.*"

Why has Mr. Warburton been so deadly opposed to the introduction of Mr. Roberts' anti-septic into the profession? Is it because it would occasion summer dissections to be recognised when the days are lighter and longer—would place the private schools again upon fair competition ground with the public, and would oblige the public teachers to work as the private do, during the summer, instead of spending their summers leisurely at the watering-places?

This, then, is the individual upon whom the medical profession placed their sole reliance, but who, I fearlessly state, has betrayed them. The man who would attempt to put down the private schools, is the greatest possible enemy to medical pupils, to the medical profession, and to humanity; because the rivalry which has existed between teachers, has been almost entirely between those of public and those of the private schools, and it would destroy this rivalry altogether—the teachers of the public schools would become monotonous and idle in their routine of duty, and it would be thus reverberated upon the heads of those pupils who had supported the public schools.

The public schools combine with themselves no single advantage over the private—they certainly wear a more imposing and showy appearance, which is a good bait to the uninitiated, whilst, on the other hand, the private teachers are harder workers.

I congratulate my pupils, however, that the supply continues open to the private schools, and it shall remain so as long as I am a teacher. There is one thing, however, which must be corrected, namely, the unequal prices that the different teachers pay for subjects.

This very parish to which I have paid my rates for seven years past, send all their bodies to two schools out of the parish; and if it be true, what has lately appeared in the newspapers, at the sum total cost of ten shillings per body, whilst they charge the pupils for each of those said bodies £4, or £4 15s. per body! Talk about the resurrection-men, why the profits of Williams, Burke, and Murphy, compared to this, were as the purse of a pauper to that of a nabob;—and into whose hands does the profit go?—into those of the proprietors? the framer of the Anatomy Act? the superintendent of the star-chamber inquiries regarding the administration of the same? the grand promoter of

the University charter? the individual who opposes the introduction of a valuable anti-septic?

Finally, in parting with this topic, I not only congratulate my pupils upon the present supply—but also upon the good use they make of their opportunities, as proved by their invariable success, and the very high character which they bear at the different examination boards, more especially at the Royal College of Surgeons, and the Navy Medical Board.

Although the life of a private teacher, in the present unorganised state of the profession, is a sort of treadmill life, constantly attempting to ascend, and still never gaining a greater elevation—with regard to my punctuality and my exertions for these last twenty years, I believe no fault can be found, and I think I can safely state that I have never compromised the interest of a single pupil. I trust that the same will, in future, be said of my colleagues, for it is this after all which preserves a teacher buoyant in the stream. My hours of public instruction, in addition to the private, are, Demonstration from 10 to 11, Anatomical Lecture 3 to 4, Surgical Lecture 7 to 8, daily, excepting Saturdays.

The books which I advise you to get are, Cooper's First Lines, his Dictionary, the London and Dublin Dissectors, Sir A. Cooper's Lectures, Green's Manual, if you can get it at a book-stall, (I mention the old edition published by Green himself,) Müller's Physiology, Turner's Chemistry, Smith's Botany, Thompson's London Dispensatory, Dr. Collier's Translation of the London Pharmacopœia, and as it regards anatomy more especially, the Book of Nature, which can be studied at my school during both summer and winter.

I advise you, as it regards your study of anatomy in the evenings, to make two divisions of it. First, read upon those parts which you have dissected, or heard lectured upon. Secondly, read respecting those parts which you expect to dissect, and to hear lectured upon the next succeeding day; by these means you enter the dissecting-room prepared for your dissection. You have no occasion to take a book into the dissecting-room if you properly methodize your time out of it.

With regard to pupils in England, I have generally found that those who possess the most money, and who belong to the "most respectable families," and possess the greatest number of "certificates," are the greatest fools, the most irregular in their attendance, and the most dissolute—and for this reason, because they know that they have within their own family sphere interest for obtaining an appointment in the Army, Navy, East India Company's service, or can be placed comfortably down in civil practice—and that this will effect all that they desire; therefore it is their "interest," and not their industry, that they depend upon.—It is in the medical profession, as with all other communities, that bad laws, or the want of laws, not only misplaces men, but corrupts society.

There are certain things, however, which I must caution you against. First, then, gambling; when once a man takes up cards or dice, he knows not where he will stop. It is a great providence if a man has never given way to it, and it is still rarer if he has been redeemed from it.

With regard to the theatres, the frequenting of them is much like giving way to gaming; you know not where to stop, or if you do know, you cannot summon up resolution to act accordingly.—Theatres, as they are at present managed, are the grand schools for fornication, the portals of drunkenness, and the nurseries to disease and poverty.

You understand that I do not object going

to witness a dramatic play, because it is a dramatic play, but it is the vices that are associated with it which are objectionable. The thread of study, moreover, is broken—the mind, instead of being directed undividedly to the studies of the preceding day, involuntarily reflects on the scenes of the night.

No person who is a true friend of yours would encourage your habitual attendance at a theatre. If you yourselves had each of you a son studying physic and surgery, you would not desire him to do so. I would advise you to act upon the plan which I did when a student, namely, be determined not to see the inside of a London theatre, or any place of amusement, until you have obtained a fair knowledge of anatomy and surgery. These slight suggestions are not necessary for all who now hear me, because I am proud to say, that many of my pupils have not only been able to discern what is proper, but have had the manly resolution too, to act accordingly.

But, on the other hand, I must not veil the dismal reality—that by medical students giving way to dissipation, many, very many patients are victimized by them in after life—many a widowed mother or bereaved sister has been reduced to a state of destitution, disease, and premature death—many an aged father brought with grey hairs in sorrow to his grave—and many a student (for the horrors of previous misdeeds rebound with double force upon the culprit's own head) has reduced himself to the most abject poverty, dragging out a miserable existence, and having his own conscience the source of an insupportable hell.

It is by holding out encouragement to industry, that the mind of the pupil will be directed and preserved in a proper course; for the mind of man must be employed, and the direction which the mind takes, depends upon the strength of the inducing cause.

It is by the adoption of a system of merit that vice, idleness, and imposition of all kinds, will be discouraged and exterminated from the profession. It is by the establishment of a system of merit, that industry, talent, genius, honesty, and the highest moral attributes of the human mind, will be brought into requisition, and a full state of development. It is by establishing a system of merit, that those disgraceful broils will cease, now inseparably connected with intriguing and canvassing for public appointments, and the obtaining, by means of private interest, various professional advantages, and which convert the profession into a system of cut-throatism. It is by adopting a system of merit, that the moral character of the profession will be elevated, that human misery will be lessened, and humanity at large benefited.

It is then that the general principles of medical science will become more generally understood and appreciated by the public; and then, taking a quotation from a very clever author, "will the sunshine of public favour be directed in its meridian blaze towards genius and learning! Blockheads and impostors will skulk from the foremost ranks of medical influence into the recesses of insignificance, and resign the avenues to the Esculapian Temple of fame and emolument to be occupied by men of integrity;"—and then, I would add, shall the members of the profession harmoniously labour in the vineyard of science under the sacred guidance of truth. God grant that it may speedily take place!

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

MEMOIR OF THE LATE SIR ASTLEY COOPER, BART., F.R.S., D.C.L., &c.

[In addition to the Portrait and Memoirs furnished to our readers respecting this most distinguished Surgeon of modern times, in Nos. 18, 19, and 21, of the *Medical Times*, we this week present the following, from a Correspondent, and shall, on a future occasion, relate further particulars respecting him.]

WE can hardly realize the melancholy fact that Sir Astley Cooper is dead, that his good and generous heart has ceased to pulsate, and that that hand which was always ready to administer to the wants, and alleviate the sufferings of his fellow-creatures, now lies motionless by the side of an inanimate corpse! Yet such is the painful fact. "He is dead and gone;" and whom have we to fill his vacant place? That we have in the surgical profession men of great talents, of consummate skill, of genius and learning, there cannot be a doubt; but where are we to look for the representative of Sir Astley Cooper? Very erroneous notions have been formed of the qualifications necessary to insure success in the science of surgery. Many are apt to suppose that a surgeon is but a mechanist, and that his skill is proportionate to his mechanical dexterity. How wide of the truth is this notion! Perhaps in no department of medical science is there required a higher standard of intellect than in that connected with surgery. The surgeon must not only be a skilful operator, but it is essentially requisite that he should be able to judge when an operation is necessary, and when it can be safely dispensed with. The great art of surgery consists in preventing operations, and he is the most successful surgeon who is able to prevent the body from being mutilated.

If we were asked to mention a peculiar and striking feature in Sir Astley Cooper's character, we should say it consisted in his knowing how and when to operate. He took no pleasure in lopping off a limb, or excising a tumour, but he appeared to delight in being able to dispense with the performance of operations. His knowledge of anatomy was profound. During his long professional life, even when most actively engaged in the practice of his profession, when he was not supposed to have a moment to call his own, his mind was never easy unless he was employed in prosecuting his anatomical researches. Every moment that he could snatch from business was spent in dissecting some portion of the human frame. It has been observed, that Sir Astley Cooper's success in life was owing to the Parliamentary influence he obtained through the medium of his brother. The fact of his brother being a member of the House of Commons may have benefited Sir Astley to a certain extent, but no introductions, no family influence, could have enabled him to earn an European reputation, and entitle him to the appellation of being the Wellington of British surgery. If we trace the career of most of the great medical and surgical luminaries, we shall find that the secret of their success consists in having devoted the early period of their lives to an enthusiastic study of their profession. To be a good surgeon it is necessary to be a profound anatomist; and yet an intimate acquaintance with the minute structure of the body will not alone qualify a man for the performance of the duties which devolve upon the surgical practitioner. Few men arrive at any eminence in the medical profession who do not

acquire in early life habits of great industry and unremitting application. The idle man, whatever may be the extent of his capacity, never need expect to arrive at eminence. "Success in the medical profession," said one of its great ornaments, Dr. W. Hunter, "always attends the diligent. Ability, indeed, is not the only requisite; and a man may fail who has nothing besides to recommend him, or who has some great disqualification of head or heart. But sick people are so desirous of life and health, that surely the man who is not really able in his profession will have the least chance of being thought so. In my opinion a young man cannot cultivate a more important truth than this—that merit is sure of its reward in this world."

Sir Astley Cooper was a student in the most literal acceptance of the term. He was not satisfied with attending the lectures and running through the wards of an hospital at the heels of the surgeon, but he devoted his mind to a zealous study of every case that came into the hospital. When not in the dissecting-room, or attending lectures, he was to be found at the bed-side of a patient. He studied the great book of nature.

Sir Astley Cooper was the youngest son of the late Rev. S. Cooper, and Maria Susanna, daughter of Mr. J. Bransby, of Shottisham, in the county of Norfolk. His mother was well known as the authoress of a novel entitled the '*Exemplary Mother*.' Sir Astley was born at Brooke, in the county of Norfolk, August 23, 1768. At this place he remained until the age of 14, when his father removed to Yarmouth. He acquired a knowledge of reading and writing at the village school, kept by Robert Larke, and he was subsequently instructed in the higher branches of education by his father, assisted by the Rev. Joseph Harrison, a gentleman of distinguished classical attainments. A remarkable anecdote is recorded of him, which, fortunately for science and mankind, led the way to the general extension of that skill and ability which has so largely benefited both.

A boy was thrown from a cart in young Cooper's presence, and wounded the femoral artery; great hæmorrhage ensued. Cooper immediately went to his relief, and, with great presence of mind, instantly made his handkerchief into a tourniquet, and applied it so scientifically to the thigh, as to succeed effectually in stopping the further flow of blood, which would otherwise in a few minutes have proved fatal. Sir A. Cooper has been often heard to declare that the mental gratification which resulted from having thus saved the life of a fellow-creature inspired him at once with an almost romantic desire to become a surgeon.

At the age of 15, he was apprenticed to a Mr. Turner, a surgeon-apothecary at Yarmouth. After remaining for a few months, he came to London in 1784, and was apprenticed to his uncle, Mr. W. Cooper, surgeon of Guy's Hospital. He was not, however, more than three months with him, when, by his own desire, he was transferred to Mr. Cline, then surgeon of St. Thomas's Hospital. It was at this period that his character began to develop itself. He was most unremitting in attending to his duties, always at his post, and ever ready to acquire information. He invariably spoke in terms of the highest approbation of Mr. Cline.

In 1787, Sir Astley visited Edinburgh, and

on his return to London he was appointed first demonstrator of anatomy, and subsequently assistant-lecturer to Mr. Cline. Having gained the consent of the surgeons of Guy's and St. Thomas's Hospitals, he commenced a course of lectures on the principles and practice of surgery, and from this period may be dated the real foundation of his fame and fortune. His class consisted at first of but 50 pupils, but they soon increased to 400, and at one time he had the largest class of medical students ever known in London. Sir A. Cooper laid no pretensions to oratory, but his style of lecturing was remarkably pleasing.

In 1791, he married the daughter of Mr. Thomas Cock, of Tottenham, a distant relation of his old and much venerated master, Mr. Cline. In 1792, he visited Paris, and attended with great assiduity the lectures of Desault and Chopart, at the Hotel Dieu. Dupuytren introduced Sir Astley to Louis Philippe, then Duke of Orleans, who afterwards conferred on him the Cross of the Legion of Honour. A short period afterwards he was made an honorary member of the National Institute.

Cooper commenced practice in 1792. He resided for six years in Jeffrey's-square, St. Mary-Axe; he then removed to New Broadstreet, and, in 1815, he settled at the west end of the town. Sir Astley continued his lectures on surgery at St. Thomas's Hospital until 1826. He also delivered a course of lectures on comparative anatomy at the Royal College of Surgeons. He was a member of the Council and of the Board of Examiners. He was President of the College for the years 1836 and 1837.

It is not our purpose to enter into an analysis of the many able works which have proceeded from Sir Astley's pen. He has contributed by his writings most largely to the promotion of surgical science. We need only refer to his master works on '*Hernia*,' '*Dislocations*,' '*On the Structure and Diseases of the Testes*,' '*On the Anatomy of the Thymus Gland*,' '*On the Diseases of the Breast*,' and to his numerous valuable contributions to the '*Philosophical Transactions*, and the various medical and surgical journals of the day.

Few professional men had less sordid notions than the subject of this sketch. His grand object appeared to have been the enlargement of the boundaries of medical science, and he cared little what expenditure of time and money he incurred to effect his truly noble views. That he did not write for money must be evident from the circumstance of his having published his most valuable and expensive works at much less than first cost. Some notion may be obtained of his true motives for publishing from the following passage, which occurs in the preface to one of his productions:—"After having been for 40 years placed in a situation of ample opportunity—after having been fostered by the profession and the public infinitely beyond my deserts, I feel that I only perform my duty in giving to my medical brethren, without any sordid views, the result of my experience."

In the year 1827, he received the appointment of Sergeant-Surgeon to George IV., and the following circumstance connected with this period of his life may be relied on.

George IV. had a small tumour in the scalp, and, after much consultation, an operation for its removal was resolved upon, and Sir Astley

Cooper was selected to perform it. On the day appointed, Sir Astley waited upon His Majesty. Lord Liverpool and several of the Cabinet Ministers occupied a room adjoining that in which the King was. A short period before the operation, Sir Astley was noticed to be pale and nervous. Lord Liverpool observing his anxiety, approached him, and taking hold of his hand, said, "You ought to recollect that this operation either makes or ruins you. Courage, Sir Astley." This had the effect of recalling to his mind the responsible situation in which he was placed; almost instantly every appearance of anxiety vanished from his countenance, and he performed the operation with his usual skill.

In 1821, Sir Astley was created a baronet, with remainder in default of male issue to Astley Paston, the fourth son of his second brother, the Rev. Samuel Lovick Cooper, rector of Ingoldsthorpe and Barton, Norfolk. By his marriage with Miss Cock, Sir Astley had but one daughter, who died at the early age of two years. Lady Cooper died in June, 1827, and in July, 1828, Sir Astley married Catherine, daughter of Mr. John Jones, of Derry Ormond, Cardiganshire.

Sir Astley's fees amounted in one year to 21,000*l.*, and for a long period he was in the receipt of 15,000*l.* *per annum*. His house used to be regularly besieged every morning by patients anxious to consult him. A patient had often to wait for three or four days before he could obtain an interview with the surgical veteran. It is said that his servant made an income of 600*l.* a year in fees received from patients for obtaining for them an admission before their time.

Sir Astley Cooper was beloved by all who had the honour of his acquaintance. To his old pupils he was particularly kind and attentive. Good-nature was depicted conspicuously in his countenance. Mr. Pettigrew has drawn a faithful and graphic picture of the estimation in which Sir Astley was held by all who were brought in association with him. He observes, "He was the idol of the Borough school; the pupils followed him in troops; and, like Linnaeus, who had been described as proceeding on his botanical excursions accompanied by hundreds of students, so may Sir Astley be depicted as traversing the wards of the hospital with an equal number of pupils, listening with almost breathless anxiety to catch the observations which fell from his lips upon the several cases presented to his view. But on the day of operation this feeling was wound up to the highest pitch. The sight was altogether deeply interesting. The large theatre of Guy's crowded to the ceiling; the profound silence obtained upon his entry, that person so manly and truly imposing, and the awful feeling connected with the occasion, can never be forgotten by any of his pupils. The elegance of his operations, without the slightest affectation, all ease, all kindness to the patient, and equally solicitous that nothing should be hidden from the observation of the pupils; rapid in execution, masterly in manner; no hurry, no disorder, the most trifling minutiae attended to; the dressings generally applied by his own hand. The light and elegant manner in which Sir Astley employed his various instruments always astonished me, and I could not refrain from making some remarks upon it to Mr. Chandler, one of the surgeons to St. Thomas's Hospital. I observed to him that Sir Astley's operations appeared like the graceful efforts of an artist in making a drawing. Mr. Chandler replied, "Sir, it is of no consequence what instruments Mr. Cooper uses, they are all alike to him, and I verily believe he could operate

as easily with an oyster-knife as with the best piece of cutlery."

Sir Astley Cooper is said to have died immensely rich. His nephews, Mr. Aston Key and Mr. Bransby Cooper, surgeons of Guy's Hospital, were Sir Astley's pupils, and to these gentlemen, it is supposed, the bulk of his fortune and practice will descend. The sum, it is said, amounts to £500,000 sterling.

At the time of his death Sir Astley had arrived at the age of 73. He laboured under disease of the heart, producing, as it often does, water on the chest. During the last few years of his life he suffered much from gout. At one period he attempted to retire from the active duties of his profession, but, as he stated in a letter which he wrote to the author of this memoir, he found retirement so irksome that he was resolved to return and "die in harness." Perhaps no man whose career has been so distinguished as that of the subject of this memoir has ever arrived at its close with so few enemies. The blandness of his manners, the amenity of his disposition, his kindness of heart, and universal philanthropy, disarmed even envy of its malignity, and made his very rivals acknowledge, without any bitterness of feeling at his successful superiority, the transcendancy of the skill and talent which they sought to emulate, but could only arrive at copying.

But, perhaps, from the junior members of the profession with whom he was brought in contact, and from his pupils especially, did his affability and good-nature win him the largest and most grateful share of regard. No arrogance ever marked his display of conscious power; there was nothing ever proud or overweening in his assertion of his knowledge and experience; his only wish evidently was to benefit and instruct, and he had the happy and kindly tact of seeming to be conversing with an equal in science, when in reality he was playing the part of a tutor to a tiro.

In conclusion, we may say, that in the death of Sir Astley Cooper the profession has sustained an immense loss—we will not say an irreparable one, as we doubt not that, if an example be needed, which we trust it is not, the idea of his useful and glorious career may stimulate the ambition of many a one to strive for the attainment of that eminence in worth and talent which he so nobly won and so highly adorned.

The remains of this distinguished Surgeon will, it is expected, be interred beneath the chapel of Guy's Hospital, the deceased having expressed a wish to repose in death within the walls of that institution with which he was so long connected. A *post-mortem* examination was made on Saturday last, by Messrs. Cock and Hilton, in the presence of Drs. Chambers and Bright, and Messrs. Key and Balderson; when it was found that effusion into the chest and pericardium had been the immediate cause of death.

We are sorry to find that typhus fever is spreading among the poor of Edinburgh. All the wards of the Royal Infirmary have been thrown open, and almost every bed is occupied. The number of patients at present amounts to 398, of whom 139 are fever patients. The nature of the prevailing malady requiring extraordinary support, the quantity of wine used in the hospital during the last month, we understand, was 33 dozen 4 bottles; of spirits, 9 dozen 5 bottles; of ale, 77 dozen 8 bottles; and of porter, 14 dozen 9 bottles.

A lecture on Comparative Anatomy was delivered on Friday evening, at the Royal Institution, by Dr. Grant, and was illustrated by a highly valuable collection of plates.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

TREPANNING.—OPENING OF THE LACHRYMAL
SAC.—HARE-LIP.—REMOVAL OF TUMOURS.—
TYING OF THE BRACHIAL ARTERY.

WE generally undertake this operation for the purpose of elevating a portion of depressed bone, or it may be undertaken where there is no bone depressed, and where the surface of the skull is entire, in order to give issue to blood or matter supposed to be effused under the skull at a particular point. In the case of fracture of the skull with depression, where we deem it necessary, on account of existing symptoms, to elevate the depressed portion of the bone, it is not necessary that we should perform that operation which is technically called trepanning or trephining. If there be a fissure of some length in the skull, and if one side of the broken portion be beaten in under the other, it does not necessarily follow that we should take out a circular portion of bone to elevate the depressed edge. It is only necessary that we should just saw off a thin part of one edge of the bone, and we shall then be able to introduce an elevator to raise the depressed part to its proper level. Sometimes, without making any opening in the skull, or removing any part of it, we can use this elevator, which is an instrument roughened on one edge, so as to enable us to raise the depressed bone. But suppose we cannot use the elevator, we may find it sufficient with a small saw—with Hey's saw (so called from the name of the inventor, the late Mr. Hey, of Leeds), to cut off any portion of the upper part of the bone which prevents our elevating the depressed piece. With one edge of the saw we can cut off any such part, and with the opposite edge (which is of a semicircular form) we can make a cut a little curved—we can cut off a curved line with this; so that the use of Hey's saw very often enables us to elevate a depressed bone sufficiently, without taking away so much of the skull as would be necessary if we applied the trephine. The trephine consists of a circular saw, which is worked by a handle. In the first place, we make an opening by means of the instrument called the *perforator*; this makes an aperture in a certain point of the skull, which receives what is called the *centre-pin* of the trephine. This central portion of the trephine can be removed or attached to the trephine at pleasure; we can take it out, and then the trephine consists of a simple circular saw. But if you were to attempt to saw out a piece of the skull with this circular part of the saw simply, it would be very difficult to make a groove, and you could not saw out the portion; the centre-pin enables you to fix the circular saw until you can get to a certain depth with the groove, and then you can take it out with this key. It will generally happen, in cases where it is necessary to trephine, that there is already a wound through the soft parts, by which the bone is exposed, and, therefore, all you have to do, perhaps, is to enlarge that wound, to extend it, and to turn aside the scalp, so as to expose the bone in a particular situation for the application of the saw or trephine. If there be no wound, I conclude you would not think of doing what was heretofore practised, that of cutting away, I suppose, a circular portion of the soft parts and removing them; that was the old way of going to work. You are of course aware, that although the integuments may be divided and detached to a considerable extent, if they are laid down again, the divided scalp will unite, and the integuments will close the vacancy that is left by the removal of a portion of the bone. In the first instance, then, we shall proceed to make the wound in the head. [*The Lecturer proceeded to show the different steps of the various operations described in this Lecture, making the following observations as he went on.*] You leave the portion of scalp, merely turning it back; you do not find it necessary to cut it off. Then with this perforator you make an opening, which will receive the centre-pin of the trephine. It seems to be quite a mechanical business; it ap-

pears to be more the business of a carpenter than of a surgeon. Then you take out the perforator, and you put into the handle of the trephine its centre-pin; the centre-pin fits into the opening you have already made in the skull, and that keeps the trephine in its place—prevents it from deviating. Now you may saw away as fast as you please, until you get it pretty nearly through; you do not run the risk of doing any mischief. Now after you have sawn in to a certain extent, it is expedient to remove the centre-pin of the trephine, for it projects a little beyond it, and if you were not to remove it, you would perforate the skull and dura mater before the circular saw had gone through the bone. Having made the groove of a certain depth, you can then carry it on without the centre-pin. The teeth of the trephine are set in such a way, that it makes a groove of some size; it does not merely make a simple opening, as you will observe, but it destroys the bone to some extent. Now, when we begin to think we have probably sawn nearly through, it is necessary to examine the bottom of the groove all round with a probe, in order that we may not wound the dura mater at any part. The object of the operation is to remove a portion of the skull simply, and to avoid wounding the dura mater. You just blow out the sawdust, and feel all round. At present I feel the bottom all the way round, so that I ascertain I have not got through it at any part. Try again; now you may find that you have sawn through at one point, and not at another; in that case you can bear on that part you have not got through, and not all round circularly. Now I just bear upon the lower part of the circle; but when you have got through one part, you must proceed very cautiously, because of course you may expect the skull is very thin in the rest of the groove, and, in general, it will be safer for you to try with the elevator at the time that you have got through at one point, to see if you can break off the portion of bone which is not sawn through. I find, that with the elevator in this instance, I have broken through a part which has not been sawn through entirely, without any injury to the dura mater. Now this is the operation of trephining, and you will observe that the mechanical performance of the operation is a thing much less difficult than the appreciation of the circumstances that may require it, or the balancing of the considerations for and against it.

Opening into the Lachrymal Sac.—I have already mentioned to you the circumstances under which it may be necessary to make an opening into the lachrymal sac, in order to enable you to clear away any obstruction in the nasal duct; and all I have to show you at present is, the situation and manner in which the opening is to be made in that case. The bony cavity in which the lachrymal sac is lodged, is situated exactly at the inner angle of the eye, nearly opposite to the junction of the two palpebræ, towards the nose, one portion of the sac being situated above the junction of the palpebræ, but the greater part below it. The probe which I now pass goes through the lachrymal sac into the duct and into the nose, and it goes pretty nearly in a perpendicular line from the superciliary ridge, near to the junction of the palpebræ. Opposite the commissure of the two palpebræ there is a small elevation, the tendon of the orbicularis palpebrarum, which is attached at the point upon which I now place the knife, to the nasal process of the superior maxillary bone; about one-third of the sac is above the tendon and two-thirds below it; but the tendon itself, and the fibres of the orbicularis palpebrarum immediately connected with it, lie in close contact with the mucous membrane that lines the sac. The rule, therefore, to be observed for the performance of the operation of opening the lachrymal sac is this—you see the elevation under the skin produced by the tendon of the orbicularis palpebrarum, or if you should not absolutely see that, just drawing in your mind a line from the junction of the palpebræ to the side of the nose, carry a straight, sharp-pointed, double-edged bistoury (the point of which you place immediately below the tendon) down to the bone, and then you will inevitably make an opening into the lachrymal sac. In a case which requires this operation, the perform-

ance of it is rendered easy by this circumstance, that there is an accumulation of tears, or purulent matter, causing a tumour at the internal angle of the eye, and that tumour is the point at which the knife is to be plunged into the sac; it goes just below the line of junction of the two palpebræ. Now you will find that the probe will pass in at this aperture. You see that the probe passes not quite perpendicularly downwards, but with a little inclination backwards, and you may easily see that it enters the nose by attending to the depth to which it passes; it goes in about an inch and a half, and nothing can be more simple than this operation.

Hare-lip.—I shall next show you, gentlemen, the operation for *hare-lip*. Now the *hare-lip* is a natural defect in the formation of the upper lip consisting in a fissure extending from the red, margin up to the nostril, so that when the individual puts the muscles of the face and of the lips into action, the sides of this fissure are drawn apart, and the most disagreeable appearance is presented; in fact, in a number of cases in *hare-lip*, we may not only say the appearance is very disagreeable, but that it constitutes a kind of hideous deformity, which of course the parents and friends of the child are exceedingly anxious to have remedied as soon as possible. This deformity presents itself under different circumstances; there may be simply a fissure in the lip, or there may be also a fissure in the alveolar process of the upper jaw and bony palate, as well as in the soft palate; that is, there may be a complete fissure running from the lip directly through into the pharynx. The fissure may exist on one side only, or it may exist on both sides; that is, you may have *double hare-lip*; and in the latter case there is a small portion between the two fissures, and there is a portion of bone corresponding to it. In this case you generally find that the fissure extends through the palate, the septum of the nose being visible externally, and indeed you have the cavities of the mouth and nose almost laid into one. Although a great gap appears in the lip when the individual is laughing, there is, in point of fact, no defect as far as substance goes; it is merely a separation, for if you put your fingers to the sides of the gap, and bring the edges together, you find that they can be readily approximated, in such a way as to show that the substance of the lip is as ample as in the natural state; the appearance of deficiency in the substance is only thus apparent when the edges are drawn aside by the muscles being thrown into action. It would be just the same if a perpendicular incision were made in the lip where there was no natural deformity; for if the muscles of the lip were put into motion, the edges of that wound would be drawn apart, though there were no defect in point of substance.—*Operation:* The operation consists in paring the edges of this fissure, so as to reduce them to the state of a recent clean-cut wound, in bringing them together, and retaining them in this state of apposition, so that they may unite by adhesion or the first intention; and we find, that if this operation is performed at a proper time, and skilfully executed, it will completely remedy the defect. You can do it so completely, that putting out of the question the slight cicatrix that remains after the operation, no one would know that the individual had been at all deformed. The first question in these cases is, What is the time, what is the age, most eligible for the performance of this operation? Should you operate in the period of infancy, or wait till the child is some years old, as being the proper time for the performance of the operation? Were it in our power, it would be desirable, of course, to unite the edges of the lip, and to remove the deformity as early as possible, as it prevents the child from sucking; the lips cannot be drawn close around the nipple, so that the necessary vacuum cannot be formed with the mouth, therefore the child must be brought up by the hand till this defect is removed. It is not, however, in our power—we do not deem it eligible—to perform the operation immediately after birth; and then the question is, What is the time at which it ought to be performed? Very generally it has been stated, that the performance of this operation should be left till the child is some years old; it is very desirable, how-

ever, to remove the defect early, on every account; in my opinion, it is also advantageous as respects the success of the operation, that it should be performed at a comparatively early period. I should say, then, that in the third, fourth, or fifth month after birth it should be performed; at all events, you should perform it at such a period that it will not interfere with the process of dentition. There is often a good deal of irritation going on in the neighbourhood of the part which is the seat of this defect at the time of teething, so that it is desirable you should accomplish the cure before dentition commences, or put it off till after the child has got its teeth; it is, however, in my opinion, desirable to perform it before. It so happens that I have had, at various times, under my care a great number of cases of this kind; I have invariably performed the operation at the time I have mentioned, and I have not, in any one instance, either seen an unfavourable result from it, considered as an operation, nor a failure of the ultimate object of the operation, that is, the closure of the preternatural fissure. It has sometimes been said, that children are liable to convulsions at this time, and that a considerable loss of blood may act seriously on them, so that they may die from the mere effect of the operation. This has not occurred in any case that has come within my observation; in other respects children, at the time I have mentioned, so far as the constitution and the powers by which injuries are repaired are concerned, are very favourably situated for the operation. If nothing unfavourable takes place, we find that the process of adhesion goes on favourably, that the sides of the wound unite readily, and that the operation succeeds very well. Out of the great number of cases which, by some accident or other, have come under my care, I may mention to you, that not a single failure has occurred.—Now, the mode of performing this operation, at least the mode of uniting the wound that is made in remedying this deficiency, is in some respects singular; for exact contact of the sides of the wound is so important, and it is so likely that this contact would be deranged by the motions of the lips or some action of the features, unless we took some especial pains to keep the parts closely together, that we employ means of maintaining them united, which are hardly resorted to in any other instance; that is, we put a pin or needle, a *hare-lip* pin or needle, consisting of a silver stem with a steel point, through the sides of the wound, and we keep them united together by subsequently winding a portion of silk or thread round the needle or needles (in case we employ two) which are thus put through the sides of the wound. It is possible that the wound made in this case might be united simply by sutures, or by the approximation, which we can effect in the case of a wound of other parts, by adhesive plaster; however, we should run a good deal of risk in trusting to these means in this case, therefore I consider it better to employ the old and universally practised means of uniting the wound by *hare-lip* pins. In practising this operation on the subject, you first of all make a division of the lip, so as to represent *hare-lip*; this is exactly in the situation in which it is found in the natural state. Now, in the natural *hare-lip*, the sides of this fissure are covered by the common integument connected with the mucous membrane that forms part of the lip; and the first object in the operation of *hare-lip* is to remove these edges so as to bring them into the state of a recent wound. The first question then is, What is the best mode of removing those edges? Now, there has been a great controversy whether the edges of the fissure should be removed with scissors or the knife; and what is the most advantageous mode of doing this? I consider that the scissors are the most convenient mode, and that you will do it best with that kind which has knife edges. The ordinary kinds are ground with oblique edges, they are not made exactly as a knife is made, they do not cut so smoothly; but scissors may be made in the same way that a knife is, and then they cut with great facility, without bruising the edges between the blades; and such scissors are the most convenient means for paring off the edges of a *hare-lip*. Now, the removal of these edges is a process of some nicety, because, unless you make

the two sides of the wound exactly alike both in length and breadth, you do not unite the lip so as to leave it perfectly even. It is a point of great consequence to have the line of boundary between the integuments and the red part of the lip exactly level, and unless you have the two sides of the fissure in the hare-lip exactly of the same length, you will find that this line will not be precisely level. You should, therefore, measure them before the operation—perhaps put a dot or two of ink upon the parts, so as to have a clear direction in performing the operation. It is of great importance that you should determine the points of your operation in your own mind clearly beforehand, in order that you may have the two edges of the fissure precisely corresponding with each other. You are aware that when you have once begun the operation on a child, there is much blood effused, it is moving about in so unmanageable a way, and there is so much difficulty in handling the lip, (which is very small in those young subjects,) that unless you have perfectly determined all the points previously, you do not find it very easy to accomplish your purpose. Supposing, then, the deficiency and the proceeding hitherto to have been such as I have pointed out, it has usually been the practice to employ two hare-lip pins, and to put one just at the point where the red part of the lip joins the external integuments, and another near the upper angle of the wound; but in performing the operation on the young subject at the age I have mentioned, and I have always performed it thus early, I have invariably found it sufficient to use a single hare-lip pin, introducing it at the lower part of the fissure, near the red portion of the lip, and to unite the wound at the upper angle with a simple suture. One hare-lip pin and one suture I have always found to be the most advantageous mode of uniting the wounds in those cases. The hare-lip pin consists of a hollow cylindrical portion of silver about the size of a common dressing probe, and having a sharp steel point, by which you make an opening for the silver part to be carried through the soft portion of the lip. Now, as in using the hare-lip pin the object is to keep the whole surface of the wound in the lip in exact apposition, you will find it expedient to introduce the point at a considerable distance from the edge which you have cut, and to carry it very nearly through the whole thickness of the lip. Very commonly it has been said you should carry the hare-lip pin so as to bring it out at two-thirds from the depth of the anterior surface of the lip, but it is, perhaps, better to carry it nearer to the mucous surface, almost transfixing the lip. You must, however, bear this in mind, that the pin is to be carried in at some considerable distance from the edge of the incision, so that you may embrace a considerable thickness of parts for the application of the ligature; if you were to carry it in nearer to the edge, you would find that the edges would not unite behind, and that a considerable fissure would remain there. Now, in this case I should introduce the pin so far from the edge of the incision (as you see), that the ligature should act on a considerable extent of surface; that is the situation; and if it is carried in this direction, you observe that it will go through the lip in such a manner as almost to reach to the mucous membrane. If I had carried it in merely as far as I now show you, I should only have transfixed the skin, and when the ligature was applied the posterior part of the fissure would not be held in contact. Of course you carry out the point of the pin again as far on the one side of the wound as you introduced it on the other. Now the hare-lip pin has been introduced in the proper way, and when this is done, the steel point may be removed. You observe it has been introduced so as to embrace nearly the whole thickness of the lip, and you will immediately see, when the ligature is put on, that it will bring the edges of the wound completely into contact. Having introduced this pin thus far, I take out with the forceps the steel point, the silver part only being left in its situation. Then, in order to apply the ligature, you take a portion of silk, carry the two ends round each end of the pin, and turn them repeatedly in that direction, until

you apply enough of it, and form a sufficient breadth to keep the edges of the wound in contact; you must also apply it sufficiently tight to keep the edges together, and at the same time you must not apply it so closely as to produce a degree of tension, when the inflammatory process which follows the operation comes on. Then having secured the pin with two or three turns of the silk, you can put in the simple suture, which I have mentioned above, as being sufficient to enable you to dispense with the use of another pin. You must follow the same rule with respect to this suture, which I have mentioned to you as applicable to the introduction of the pin, that is, you must embrace a considerable portion of the substance of the lip with it, so as to bring the entire edges of the wound into contact. A simple ligature suits for this purpose. In this instance, however, which is the case of an adult, the single hare-lip pin is sufficient of itself to unite the edges of the wound. It would not be necessary to use two hare-lip pins in this case, and much less would it be necessary if it were the case of an infant. And in operating on young children, I have generally found it necessary to have some hare-lip pins suitable for them, that is, smaller than might be necessary in other instances, for the less prominent the ends of the pin are, the less probability is there of the thread or ends being disturbed. After making so many turns with the silk that it may occupy a considerable surface, you tie the edges of the ligature together by a simple knot, and that finishes the operation. You do not put anything further over the wound; there is nothing wanted, in fact; you leave the wound as it remains now, and you find that you can remove the pin, and cut out the simple ligature that is placed above it, about the fifth or sixth day, when you will usually find the fissure completely united.

Double Hare-lip.—The fissure of hare-lip, I may observe to you, when it is single, takes place on one side of the lip, it corresponds to the opening of one of the nostrils, and thus you may have two fissures, one situated on each half of the lip, corresponding to their respective nostrils. I consider the best mode of proceeding in those cases, to be that of operating separately on each fissure; operating on one side as in the case of a single hare-lip, and then, when the patient has recovered, operating on the other side. It would be possible, in the case of a double hare-lip, to operate on both fissures at once—that is, to proceed on each side, as you would do in the case of a single hare-lip, and to allow the hare-lip pin completely to traverse the middle portion, the portion of lip left between the two fissures; but you cannot be so certain of paring away each of those parts, so as to be able to bring the surfaces into the exact contact necessary to secure the proper result of the operation, as you can when you operate on each side separately. The fissure of the lip is sometimes complicated with an unnatural projection of the alveolar process; and in those fissures of the lip, you find that the socket of one tooth projects forward into the fissure; and sometimes, in the case of a double hare-lip, the middle portion of bone—that portion left between the two fissures of the bony palate—stands forward horizontally, and pushes up the middle portion of the lip in such a way as to interfere very much with the operation. Whether this takes place in the case of simple, or of double hare-lip, you must, before you proceed to approximate the sides of the fissure, remove the impediment which this particular construction of the bone presents. You must, in the first place, cut off with a strong knife the irregular part of the bone with the portions of teeth which it may contain, and allow those parts to heal before you proceed to remedy the other deformity.

Removal of Tumours.—I have spoken of the removal of tumours about the female breast and so forth, and I shall now just exemplify to you the simple operation which is to be performed on those occasions. If the integuments are in a sound state, your object in removing a tumour would be to leave as much of them as possible, because by bringing the edges of the skin together after the operation, you can cover up the wound that has been made, and in that way you very much abridge the time that is necessary for the healing

of it. This rule, however, of course, is not to be observed when you are operating in malignant diseases, and when you have any reason to suspect that the skin is involved in such diseases; for the object of saving skin enough to enable you to close the wound, and to ensure its speedy union, is of much less consequence than that of removing every part to which any suspicion of disease can attach. In the case, therefore, of cancer or any malignant disease, you are not to consider it an object to save as much skin as you can; on the contrary, the primary object there, is to remove all the skin, as well as the other parts, that are at all involved in the disease. In performing the operation then, of removing a tumour from the breast, you simply make a couple of incisions, which isolate the disease from the sound integuments; you then dissect down, so as to detach entirely the part you wish to remove, and remove it as quickly as you can. In respect to the directions of the incisions, you will of course be guided in some measure by the form of the tumour which you are to remove, and by the facility with which you can perform the operation generally. Now in the case of the breast, it is expedient to make the lower incision first, for if you make the upper incision first, blood flows over the part where you are to make the lower, so that you cannot see distinctly the course you are taking. In this, therefore, as well as in the lip (and indeed the same observation is applicable to all operations), you should just plan out in your own mind the object you have to accomplish, determining the steps you are to take in doing the operation before you commence it, and thus you will prepare yourself exactly for what is necessary; you will be ready to go through the various successive steps of the operation without any kind of embarrassment, and with as much expedition as possible. This is a rule applicable to all operations, and which is just as important to persons much in the habit of performing operations, as to those who are not. Unless this kind of previous reflection be made on the mode in which the different steps are to be taken in succession, embarrassment will often arise, and you will not perform the operation so well.—Having made an incision the whole length of the tumour, and having cut through the adipose and cellular substance with the first incision, you then detach the skin by a few strokes of the knife, so as just to expose the lower part of the tumour; then, having done that, make the upper incision with its extremities meeting those of the lower. This part of the operation you do quickly, it is merely a kind of rude dissection. The surface of the tumour is now isolated by these two incisions, and you may proceed either at the upper or lower edge to detach it entirely from the parts with which it is connected. This is accomplished by a few strokes of the knife; the tumour is supposed of course to be loosely, not firmly, adherent. Here a considerable portion of the integument has been removed, and of course the edges of the wound cannot in this case be approximated; but if you perform the operation where it is not necessary to remove any of the skin—if you make a simple incision and turn back the flaps of the skin, the edges of the wound may afterwards be brought completely together.

Tying the Brachial Artery.—I shall show you, in the next place, the operation of cutting down upon, and taking up, the brachial artery, in doing which, I may exemplify to you the general course of proceeding we adopt in the operation for aneurism—the mode of laying bare the artery and passing a ligature round it for the purpose of tying it. I have already mentioned to you, that the object of operation for aneurism, is to tie a single ligature round the artery, after having passed it under the vessel, in the easiest way that you can, that is, with as little detachment of the vessel from its surrounding connexions as the circumstances will admit of. Now the plan I have found best adapted for this purpose, is, to employ an aneurism needle, which is narrow, sharp-pointed, and made as thin at the point and at the sides as is possible, without its having a cutting edge. The point of such a needle, when you have laid bare an artery, can be very easily carried under the

artery, and in contact with it, and it will bring the ligature round the artery, so that you can carry it on in the situation necessary for tying it, without any more detachment of the vessel from its immediate connexions, than is absolutely necessary for the application of the ligature. Of course it would not be proper to have the needle sharp-pointed and cutting, but you may have it made very thin although blunt, and such a needle will pass with very great ease round an artery, and will enable you to pass a ligature round it with a very inconsiderable detachment of the vessel; you thus tie the artery, leaving it with all its surrounding parts in the situation most favourable for those processes which are to go on after the ligature has been applied. — The brachial artery lies immediately on the inner side of the biceps flexor cubiti, and is there in company with the median nerve, and with the basilic and brachial veins. The basilic vein and the median nerve lie over the artery, that is, nearer to the skin; but the vessels and the nerve lie just upon the inner edge of the biceps, or perhaps a little covered by it; however, they are so near the surface, that in the living subject, the pulsation of the artery can be easily felt. The incision will therefore go parallel to the edge of the biceps muscle. I should observe to you, that whether you are operating in this case or in the case of any other artery, it is advisable that you should make a free external cut; it is a matter of no consequence whether you divide an inch more or an inch less of the skin, so far as the pain with respect to cutting through the skin goes, but it is of very great importance as to the easy performance of the operation. Nothing is more embarrassing than to be poking and dissecting in a small wound, to get at an artery where you are afraid of wounding some vessel, and where, in consequence of its being deep and low down, you find a difficulty in getting the ligature round it; now, almost all these circumstances you may avoid, by making the external incision an inch longer; you might do it without any risk either of increasing the pain or affecting the result of the operation. You might, no doubt, take up the brachial artery, with an incision of half the length of the one I here make, but with less facility. There is a great advantage in operating on the living over the dead subject in the case of arteries, which is, that in the living subject you can put your finger into the wound and feel the vessel, which is an important guide. Here, however, is the edge of the biceps, so that we cannot be very far from the brachial artery in this case. Here is the median nerve, and of course the brachial artery must be very near it. Some persons, when they are taking up an artery, particularly a large one, are apt to suppose that they should proceed very cautiously with the knife as they come near to the artery; the truth is, the artery is a very tough thing, and it requires a pretty good cut to wound it, so that it is not necessary to be extremely cautious so far as that goes. You may cut pretty near to the vessel, and scrape the cellular tissue around it, without injuring it; indeed you must make a pretty good cut to cut through the coats of an artery; there is very little fear of doing any injury in a case of this kind. Then having exposed the artery with the edge of the end of the knife, you make a little incision on one side of it so as to get room for putting in the end of the aneurism needle—sharp at the point, narrow, and with the eye close to the end, so that you can get the ligature out when the end has just gone round the artery; now, having exposed the artery in this way, we shall find that the ligature will pass under it, I have no doubt, with great facility. You get the end of the needle under it in this way,—you gradually work it about, and then you see its point coming out on the other side. You see it makes its way with very little disturbance, and you do not want to detach the artery from its situation. You observe I have not done anything to lift the artery up—I have not lifted it up with the finger and the thumb, it is only detached to an extent sufficient to admit of the needle and the ligature to pass round it. Here is the edge of the biceps muscle, here is the median nerve, and here is the brachial artery with the aneurism needle and ligature passed round it.

CORRESPONDENCE.

THE VACCINATION EXTENSION ACT THE CAUSE OF THE INCREASE OF SMALL-POX.

To the Editor of the 'Medical Times.'

SIR,—Having noticed the paragraph in the 'Medical Times' of January 30th, stating that the small-pox was on the increase in the metropolis, I was led to consider the cause, and I cannot help thinking but the passing the Vaccination Act (as it is called) has been in a great measure the cause of the increase of that frightful disease all over the country. Gratuitous vaccination has been offered to the poor in almost every town and hamlet in the kingdom for more than forty years, and its uniform success as a preventive for that dreadful scourge, the small-pox, is fully proved, and still the lower classes are averse to it. I would ask, is the unfavouring its adoption by the Poor Law Commissioners calculated to lessen that aversion, or to do away the prejudices of the public against the cow-pox? I contend that it is indirectly the cause of the extension of small-pox. Before the passing of the act, every medical man vaccinated gratuitously all those who could not afford to pay, but now that there are to *paid* vaccinators, they care nothing about it; and the guardians had full power over the paupers and those who had the medical care of them, without any fresh authority from the legislature. There is a reluctance on the part of the lower classes to be made paupers, by having their children vaccinated by the vaccinators appointed by the Poor Law Commissioners, and the profession in general feel degraded and jealous that a power should be invested in the Poor Law Commissioners, which legitimately belong to medical men. The guardians of the Bath Union have refused to adopt the recommendations of the Poor Law Commissioners in their circular to them some months since, on political grounds, as they would disfranchise the electors if they did. The most effectual remedy to exterminate the small-pox will be, to get an act passed to compel every person to have their child vaccinated before it is three months old. If this be done, the ways and means will be found without increasing the poor rates.—I am, Sir, yours, &c.,

Bath, February 6th, 1841.

ARGUS.

PARISH VACCINATORS

To the Editor of the 'Medical Times,'

MR. EDITOR,—My attention has been called to the subject of vaccination, in consequence of an election which is about to take place, for the purpose of appointing four vaccinators for the extensive and densely-populated parish of Clerkenwell. It is too much the practice to appoint to offices like that under consideration young and inexperienced men; but this practice, I am sure you will agree with me, is highly reprehensible in all cases where the well-being of the poor is concerned, and more particularly so in one upon the fulfilment of which the health of the community at large may be very materially affected. Notwithstanding the principle of vaccination has been extensively acted upon for nearly half a century, as a preventive for small-pox, yet it is unfortunately too well known that that dire scourge of humanity has latterly been greatly on the increase. To what is this to be attributed? In my opinion, and, I believe, in the opinion of almost every medical man of character, to the negligence or want of skill and experience on the part of many of those individuals who take upon themselves the practice of vaccinating. There are scarcely two opinions in the medical profession as to the efficacy of vaccination as a preventive of small-pox, where the matter is good, the operation well performed, and the course of the diseased action skilfully and diligently attended to. It appears from the highest medical authorities who have written upon the character of the diseased action of cow-pox, that it requires able and experienced practitioners to discriminate between what is termed the true and spurious character of that disease. If a practitioner does not possess experience and discrimination, he cannot, unless by accident, form a just opinion on this point; and thus vaccination, as a public measure, becomes worse than useless; for instead of preventing the disease

in question, it indirectly will cause its increase, and at the same time, by absorption of impure matter, may give rise to other disorders of various descriptions. The medical authorities alluded to above, state that a great resemblance exists between the spurious and true character of the disease in question. If this be the fact, and there can be no doubt of it, it at once shows the absolute necessity of appointing able and experienced men to the office of vaccinators. A contrary course of acting, whether in the parish of Clerkenwell, or in any other parish, would defeat the object of the legislature with reference to the appointment of public vaccinators, and leave the country open to the ravages of the small-pox. In illustration of the foregoing remarks take a case,—and a case not unfrequently occurring. A young inexperienced surgeon vaccinates a person; the disease turns out to be spurious, of which important fact the operator is not aware. He takes matter from his patient, with which he vaccinates, or rather he imagines he vaccinates, fifty or sixty or a hundred others—it is impossible to say, indeed, how far the mischief may be extended. There is no need particularly to point out the fearful consequences as respects these individuals, and the community at large—death will be the result to many, and, probably, misery to all.

A RATE-PAYER OF CLERKENWELL.

February 1, 1841.

LONDON FEVER HOSPITAL.—The annual meeting of this institution was held at the Freemasons' Tavern on Friday last. Dr. Tweedie presented a report for the last year, by which it appeared that 271 persons affected with typhus, and 80 with scarlet fever, had been admitted in 1840. This statement showed that the disease, which for the three or four preceding years had prevailed to an unusual extent in and around the metropolis, has sensibly *abated*, the admissions into the hospital last year being less than those of the preceding year by *nearly one half*. It was, however, observed that the severity of the disease had not diminished, the greater proportion of the cases exhibiting the same malignant symptoms which have formed the characteristic feature of the disease for several preceding years. The cases of scarlet fever were, however, less severe than in 1839, in which year the mortality was nearly one in seven; last year it was about one in eleven, being greater among females, in whom it averaged one in ten, while in the males it was one in twenty-four only. In typhus fever, the mortality was greatest in the males—*nearly one in four*, but in females it was about *one in seven*. A prominent feature of the report was the number of domestic servants received from private families, which were thus saved from the anxiety and danger arising from a contagious disease. Of this class of patients 82 were admitted, 30 being the subjects of typhus, and 52 of scarlet fever. The economical expenditure of this hospital has ever been a subject of remark, and reflects the greatest credit on the committee of management, for while it little exceeds £2,000 a year, its doors are open at all hours for the immediate admission of the sick poor without the order of a governor, the only condition required being the presentation of a certificate that the individual is affected with fever and in indigent circumstances.

The Annual Hunterian Oration was delivered at the Royal College of Surgeons, on Monday, by Mr. Callaway, of Guy's Hospital. At the close of the oration, Mr. Callaway adverted to the loss the profession had sustained in the deaths of three of the Members of the Council since the last Annual Meeting, viz., Sir A. Carlisle, Mr. Howship, and Sir Astley Cooper, upon the last of whom he passed a very just and high eulogium, which we shall notice in our columns hereafter.

TO CORRESPONDENTS.

W. W. will find the regulations for the course of medical study at the University of Edinburgh in our present number. The expenses can be ascertained by transmitting a letter to the Treasurer of the University.

MR. MOON'S communication has been received.

L. S. is informed that neither the College of Physicians nor the Apothecaries' Company have any control or power over chemists and druggists. The case heard at the Mansion House, on Saturday, appears to us to have been got up for the purpose of puffing off certain large houses. We dare say, that upon a proper investigation of the matter, as regards the adulteration of the drugs on board the Nunez, the whole will turn out mere moonshine, notwithstanding the twaddle of Alderman Pirie. The climate of the African coast is quite sufficient to kill, without the aid of bad rhubarb or jalap. The great fault lies in sending out ships on such voyages, without engaging a surgeon; but the niggardly habits of some of our London ship-owners prevent so salutary a regulation.

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THE MEDICAL TIMES.

THE CHEMISTS AND DRUGGISTS AND MR. HAWES' "BILL."

WE have received several important communications from the country respecting the Meetings of the Provincial Medical Associations, on the momentous subject of Mr. Hawes' Bill, all of whom are anxious for the result. In London, nothing more important has occurred since our last, than a Meeting of the Chemists and Druggists at the Crown and Anchor Tavern in the Strand, on Monday. These gentlemen are all astir at the idea of their privileges being invaded; but more particularly by the imposition of fines of £100, £20, and £10, with imprisonment and hard labour, for contravention of its provisions, as regards the licensing, &c. They passed a resolution condemnatory of the Bill, as being injurious to their own interests

—as opposed to the resources of the poor—and as offering a premium to the common informer, for harassing and oppressing their trade. A Mr. Cooper stated that he had been requested by Mr. Hawes to attend the meeting, and to make such explanations as might be required; assuring the gentlemen present that Mr. H. had no other object than that of advancing the general interests of the Medical Profession. He had no personal interest in the passing of the Bill, as he was neither directly nor indirectly connected with the medical body, but he wished to benefit the public, and protect their trade from parties not qualified to engage in it. Mr. Cooper's observations, however, were met with much interruption, and general disapprobation. After several of the most influential Chemists and Druggists of London had addressed the meeting in condemnation of the Bill, they adopted another resolution, requiring the second reading of it to be postponed for a month, and appointed a committee to raise subscriptions, and to take measures to prevent it from passing into a law. It is doubtful whether Mr. Hawes will listen to a postponement.

MEDICAL AND SURGICAL EDUCATION AT THE UNIVERSITY OF EDINBURGH.

THE Medical Department of this University consists of the following Classes and Professorships:—Anatomy, Practice of Physic, Chemistry, Theory of Physic, Materia Medica, Botany, Medical Jurisprudence, Clinical Medicine, Midwifery, Military Surgery, and Clinical Surgery; those of Botany, Medical Jurisprudence, and Military Surgery, are *Regius* Professorships.—There are large dissecting-rooms in the College, which are well attended by the students, and where anatomical demonstrations are regularly given; private lecturers, likewise, have dissecting-rooms in different parts of the city.

The lectures on Anatomy, Practice of Physic, Chemistry, Materia Medica, Theory of Physic, and Midwifery, commence at the latter end of October, and terminate about the 30th of April in the ensuing year; during which time between 140 and 150 lectures are delivered, of one hour's duration each, by each of the Professors of these departments. The Clinical Professors begin their courses a little later; they deliver two in the Winter, and one in the Summer Session. The Professor of Midwifery does the same, his Summer Session commencing on the 1st of May, and terminating about the last day of July. The *Regius* Professors of Botany and Medical Jurisprudence deliver their Lectures during the Summer Session, the latter beginning his Course on the 1st of May, at the Botanical Gardens of the University, and terminating about the end of July or beginning of August. There is only one vacation in the year at the Edinburgh University, viz., from the end of July to the end of October.

Attached to, and in the immediate vicinity of this University, are a very large Infirmary, of royal foundation, and a Midwifery Hospi-

tal; at the former, the medical students attend from 12 to 1 o'clock, every day in the week, (including Sundays,) to witness the practice of the Clinical Professors, as well as that of the other Physicians and Surgeons of the institution. The students more immediately in attendance on the Clinical Professors, Physicians, and Surgeons, that is, their pupils and dressers, attend at all other necessary times to learn and write down the history of the diseases, both before and after the patients are admitted into the Infirmary; they also are in attendance afterwards, to write the reports of cases, and the prescriptions of the physicians and surgeons.

At the Midwifery Hospital, poor women are, as a matter of course, admitted gratis; and the students attending the midwifery class, on paying a small fee, in addition to that paid to the professor, are practically taught this most useful branch of a country practitioner's routine of duty. Attached to the University are the Royal Medical and Physical Societies, founded by King George the Third, and consisting of professors, practitioners, and students. Each society meets once a week during the winter session, when two papers on medical and physiological subjects are read and discussed. Each society possesses an excellent library, and philosophical apparatus; and the University library, which has a most extensive collection of medical books, is open to the students every day except Sunday.

At the end of a period of constant residence and study for three years, the candidate for diplomatic honours has to undergo several strict examinations as to his proficiency, both in the classical languages and medical sciences, according to that branch of practice which he intends to pursue through life: if he wish to be an M.D., he must write four Latin papers on medical subjects, chosen by the professors. This examination passed, and the papers written to the satisfaction of the medical professors of the University, he is called on to defend his thesis on the day of public graduation; if he do this satisfactorily, his diploma is forthwith granted.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 5th February, 1841:—

Epidemic, endemic, and contagious diseases	179
Diseases of the brain, nerves, and senses	128
Diseases of the lungs, and other organs of respiration	316
Diseases of the heart and blood-vessels	19
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c.	13
Diseases of the joints, bones, and muscles	4
Diseases of the skin, &c.	1
Diseases of uncertain seat	103
Old age, or natural decay	72
Violent deaths	21
Causes not specified	4

Deaths from all causes..... 926

HIPPOCRATES ON CLIMATE, SEASONS,
WATER, AND SITUATION.

HE who would rightly apply himself to the study of physic, ought to proceed according to the following method:—*First*, he ought to consider the *Seasons* of the year, and what each is capable of producing, for they are not all alike, but differ much from each other, as well as in their several changes.—*Secondly*, the *Winds*, both hot and cold, especially those which are common to all nations; next to them, however, are to be observed, such as are peculiar to certain countries.—*Thirdly*, he ought to observe the *Waters* and their various qualities; for as they differ from each other greatly in taste and weight, so the good or bad qualities of each differ considerably. Thus, when a physician arrives at a city, a perfect stranger, he ought well to consider its situation; that is, how it stands as regards the winds, and the risings of the sun. If the situation be northerly or southerly, or if the city fronts the rising or setting of the sun, the effects upon the inhabitants cannot be the same. Such matters, therefore, ought to be thoroughly considered, as well as what kinds of *water* the inhabitants use; that is, whether the same be stagnant, running, hard, or soft; whether they are derived from high grounds and rocks; or whether they contain salts, and be such as will not readily boil, or become soft by boiling. It will be proper for him, likewise, to examine the *land*, whether it be naked and dry, or wooded and watery; whether the same be a bottom or a vale, or a close suffocating place; or whether it be on an eminence and exposed to the cold. He must not forget, too, the *mode of living* of the inhabitants; that is, whether they are fond of drinking, feasting, and idleness, or are accustomed to exercise and labour; and whether they are greater lovers of luxurious and plentiful *eating*, than of mere *drinking*. All the above matters ought to be well considered; and if a physician know them well, or at least the greatest part of them, he will soon become acquainted with all the diseases peculiar to that city or country, even though he be a perfect stranger. If he become master of these things which are common to all, he will not be at a loss for the prevention or cure of diseases, nor be liable to mistakes; for mistakes are very likely to happen, if the physician be not first acquainted with such essential matters beforehand, and have considered them well. If such care, however, be previously taken, he will be able to foretell the epidemic diseases of each approaching season, either for summer or winter, and also what particular diseases private individuals are liable to, from any alteration in their usual mode of living. By knowing the *CHANGES OF THE SEASONS*, and the *RISINGS AND SETTINGS OF THE STARS*, which are the *causes* of these changes, he can easily foretell what kind of a year will follow; and by considering the seasons beforehand, he will be well acquainted with every necessary particular, so as to be successful in his medical practice, and to steer in a direct and certain course, with as little deviation as possible. If any person should suppose, however, that these are mere meteorological fancies, he is mistaken; for he may soon learn, if he be not wedded to previous opinions, that astrology, so far from being of *little* use in the practice of physic, is actually of the greatest; for, be it remembered, that with the seasons, the *constitutions* or *bellies* of men likewise change. How the above-mentioned matters and circumstances are to be considered and examined, I proceed now to show:

SOUTHERLY SITUATIONS.

Cities exposed to *hot winds* (namely, those which blow between the rising and setting of the sun, or between the south-east and south-west, in *winter*), and to which situation such winds are peculiar, and blow longer there than any other,—also, which are, at the same time, defended from the northerly winds,—usually abound with water of a saltish taste, which, as it comes from above, must naturally be warm in summer, and cold in winter. Such changes those cities are less sensible of, which are well situated as to the sun and the winds, and which, likewise, possess good water; but those are more liable to be affected by them, in which marshy and stagnant waters are used, and which are badly situated in regard to the sun and the winds. If the summer season be *dry*, the diseases will be of short duration; if *wet*, they will endure much longer; and, where an ulcer occurs, it will be apt to degenerate into the *corroding* kind (*Phagedainas eikao egginehai*). If the *winter* be cold, the males will be affected by moisture and phlegm in their heads as well as by frequent disorders of the belly, from the distillation of the phlegm downwards; their flesh will be generally loose and flabby, and their appetites for eating and drinking will be impaired; for, persons who have weak heads are never good toppers, the sickness and discomfort which follow a debauch being so troublesome and painful to them. In addition to this, the inhabitants of such a place never hold out to a great age.

The particular diseases of such a place are these:—*First*, all the women are sickly, and subject to fluxes; many of them, too, prove childless, (not from any mal-organization, but from habitual illness,) and are frequently apt to miscarry. The children are liable to convulsions and diseases of the lungs, and these are considered to be the cause of that disease of infants, called epilepsy, or the holy disease. The men are subject to dysentery, diarrhoea, chilly and cold fevers, long winter fevers, pustules which either break out, or are troublesome in the night, (*Epinuktidas*), and the piles. Such diseases, however, as pleurisies, peripneumonies, burning fevers, and all those usually termed *acute*, are very rare; for where the belly is loose, such can never get much ahead: ophthalmia, or inflammation of the eyes, of the humid kind, but neither lasting nor difficult to cure, likewise appears in such a place,—unless some epidemic should attack the inhabitants on a change. After the people have passed the age of fifty years, defluxions from the head will cause palsies, whenever the head is suddenly exposed to the sun, or affected by the cold.—These which I have here mentioned, are the diseases of such a city as has been described, unless some *epidemic* should break out on a change of the seasons; and to this, too, they will also be subject.

NORTHERLY SITUATIONS.

Cities that have contrary sites to the former, and are exposed to *cold winds*, (or those that blow between the rising and setting of the sun in summer, and to which such winds are peculiar,) but are defended from southerly and hot winds, are affected as follows:—*First*, the waters, both hard and cold, generally grow sweet. The males are necessarily robust, but slender; and in most of them, the belly becomes hard, and is not easily soluble; whilst the stomach is more fluent and rather subject to bile than to phlegm. Their heads are hard and sound, but liable to rupture of the blood-vessels. The epidemic are pleurisies and acute diseases in abundance; indeed, it cannot be otherwise, when the belly is hard. Pus is very apt to be formed on every occasion of disease, owing to tension of

the body and hardness of the belly; for dryness causes rupture of the vessels, as does, also, the coldness of the water. In such constitutions, there is a necessity for eating without much drinking, it being impossible to do both at the same time. Ophthalmia is apt to overtake such persons in the course of time, and that so vehemently, that the eyesight frequently becomes destroyed. In the summer time, violent hæmorrhages from the nose attack young men of thirty, and a few will be seriously affected by epilepsy. The inhabitants of a city like this, however, stand a better chance of attaining long life than those of a city situate like the former;—their ulcers, too, will not be attended by exasperations and inflammations. Such are the diseases common to the *males*, provided some epidemic does not attack them on the changing of the seasons.

The females are, in the first place, generally dry and hard, on account of the waters being hard, crude, and cold, and they do not menstruate as they ought, the fluid being small in quantity and of bad quality. Their deliveries likewise are difficult; but abortions or miscarriages are not frequent. After they are put to bed, they are generally unable to suckle their children properly, for the hardness and crudeness of the water lessens, deteriorates, and dries up their milk. Consumptions after lying-in are frequent, because the violence then used is attended by rupture of the vessels and convulsions. The male children, whilst young, are subject to dropsy of the testicles, which dropsies, however, as they advance in age, disappear of themselves—but the subjects of them are usually late in attaining to puberty.

Thus stands the case in regard to hot and cold winds, as respects the situation of the above cities.

(To be continued.)

ROYAL MEDICO-BOTANICAL SOCIETY.

A MEETING of this society was held on Wednesday (Feb. 3rd), the President, Earl STANHOPE, in the chair. Amongst the presents announced and laid upon the table were specimens of the Gin-seng, the favourite medicine of the Chinese, employed by them on every occasion of illness, and seeds of the musk-plaut, from Carthage.—DR. FARRE read an Essay upon Aloes, and pointed out the different localities from which they are obtained for the use of this country. Such, however, are the mysteries in which commercial men involve the subjects of their monopoly, that it is a difficult task to trace the sources from which the better classes of medicines come. He dwelt upon the products of Barbadoes and Socotra, and explained the difference of each, as discovered by analysis, and their effects.—DR. SIGMOND then laid before the Society an account of a new remedy, which he had employed with the greatest success in the cure of palsy, and in the relief of cases of the worst description of loss of power of the limbs and of sensation; and which, together with other professional men, he was trying with considerable effect in epilepsy, St. Vitus's dance, and diseases of the nervous system. This medicine was the seeds of the Hibiscus Abelmoschus, which exhale the most striking musky odour, and possess, when properly exhibited, a singular effect upon diseases. Attention had been first called to the powerful effects of the seeds of the Hibiscus Abelmoschus, or Musk Ockra, by their counteraction of the fatal influence of the bites of venomous reptiles. These fell within the immediate observation of Mr. Watts, the English consul at Carthage. A peasant residing on the heights of La Papa, near Carthage, being

engaged with his dogs in pursuit of a hare, a dog, the best of his pack, had the misfortune to be wounded by one of the most venomous snakes of that district. The dog instantly dropped, foamed at the mouth, and the wounded part began to swell. The peasant, regarding the case as desperate, at first resigned the dog to what he imagined to be his inevitable fate; but returning home, and reflecting that the animal had been a favourite, and the best of his pack, he determined to re-visit the spot. On reaching it he found the animal stretched out, unable to move, and evidently in great agony; taking him up in his arms, he hurried home, and rubbed the swollen and wounded part well with the bruised seeds of the musk plant, or *Almisdania*, as it is called there; he forced a considerable quantity at the same time down the animal's throat, with such success, that symptoms of amendment rapidly appeared, and the dog at the date of Mr. Watts' letter was perfectly recovered, although nothing is more certain than that his death was inevitable had he been left to his fate. On further investigation, Dr. Sigmond found that the seed of this plant had been known in Europe for some time; that in Egypt, under the name of *Baumia*, it was considered one of the most efficacious remedies in a vast number of diseases. He had been induced to try it in complaints in which alteration of muscular power existed, and in spasmodic diseases, with a success beyond his expectations. He then related several curious circumstances attending its administration, and concluded by stating, that it was his intention, at the next meeting of the Society, to give more minute details of the efficacy of this plant, from which, from what he had witnessed, he expected the greatest advantages. The seeds he placed before them were from the shop of Messrs. Reece, in Piccadilly, and the tincture was from Mr. Savory, of Bond-street, who had taken great interest in the preparation of this valuable remedy.

THE ANATOMY ACT.

TO THE RIGHT HON. VISCOUNT MELBOURNE.

MY LORD,—The numerous changes which have taken place in your Lordship's Administration since 1836, leave me under the necessity of addressing your Lordship as the only member conversant with the detail of this Act, and I have great reason to rejoice that the knowledge your Lordship has acquired, or may obtain, will enable you to confirm the value of my testimony.

When Mr. Warburton's Anatomy Act was brought before the public, it was put forth as a measure that would eradicate the monstrous crime of making human bodies a traffic to serve the gains of a disreputable class of the community—it was equally strongly urged that it would prevent murder for the purposes of supplying the wants of anatomists; in fact, an impression was made upon the public mind that this Act was the acme of legislative humanity and wisdom. The horror of families lest their relations and friends should be promiscuously exhumed to serve the interest of anatomical science, induced them to overlook the injustice of selecting the destitute friendless poor as the material to be applied to serve the interest of the whole mass of society; and even when the wrong has been considered, the argument advanced as a justification rested upon the necessity of the evil. Therefore the poor are doomed by this Act to a large amount of mental anxiety in addition to their dependent and helpless condition. It may be advanced that a clause exists in the Act which enables all poor persons to insure their exemption from

dissection, by writing their request, or by declaring their objection, when upon their death-bed, in the presence of at least two witnesses; but that is no security for workhouse paupers, as those about them are too dependent to dare to inquire how the deceased remains have been disposed of. Besides, the clause states that the notice shall be given to the person holding lawful possession of the body, but it does not define what officer in a workhouse holds legal possession. The clause is, therefore, valueless as a protection to the poor.

To the public this Act of Parliament is not worth the paper upon which it is printed. Murders might now be committed and the bodies sold to an anatomist, because no means have ever been adopted under the Act to preserve identity, and without it no prosecution could avail, however flagrant the violation of the Act. So strong is the impression that the maladministration of this Act would not bear investigation in a court of law, that the inspector, paid by the public to see the Act carried into legal effect, and acting under the immediate control of the Secretary of State for the Home Department, has not found it possible to prevent the infraction of all its clauses, so important for the security of the public.

My Lord, I have already observed that the Act is valueless as a public security; all rests now, as before it was passed, upon the honour of individual teachers or students of anatomy, whether subjects are obtained from workhouses or from family graves. But although this Act is of no value to the public, its existence is of important advantage to Mr. Warburton and some other gentlemen who aid your Lordship's Administration. It enables these gentlemen to obtain human subjects from workhouses at a few shillings each cost, and to have them retailed out at their own school of anatomy at above 500 per cent. profit. It also provides a little snug patronage for Dr. Somerville, above £800 per annum. But its most valuable consideration is, that it has been the means of giving immense aid to the University College, by enabling them to receive from 12 to 20,000l. per annum from medical students.

In stating thus much, my Lord, I am only giving a brief outline, reserving the completeness of the case until my next address, but I hope, my Lord, it will serve as a key to explain the extraordinary course which has been pursued towards me.

It has been admitted for many years past, that an antiseptic process, which would come at a small cost, would enable anatomical students to prosecute their investigations with greater satisfaction to themselves and more to the benefit of the public. In consequence of my acquaintance with the disgusting state of dissecting-rooms, and the loss of pupil's lives and health in these charnel-houses, I was induced to devote my time, money, and labour, besides incurring great personal risk, in going through a series of dangerous experiments to endeavour to attain the desired object. After two years of intense application, I was enabled to place under the notice of the profession, a process complete in itself, to keep subjects, intended for anatomical purposes, in a natural and fresh condition for many months, at only a trifling cost. Having invited the attention of the most eminent anatomists in London to inspect the merits of the invention, they gave me certificates stating its important value to the profession, and also as to its advantages in aid of the defects of the Anatomy Act. Having thus been furnished with a proof of the utility and importance of my invention, the next step which I took was to enter a caveat at the Patent Office, for the purpose of securing to myself remuneration for the large outlay and

risk. The profession ascertained the course which I intended to pursue, and they in consequence signed the document here given, in March, 1836:—

“We, the undersigned Surgeons and Teachers of Anatomy, in London, have witnessed the effects of a preparation, employed by Mr. Roberts, for the purpose of preserving animal bodies from putrefaction. We are convinced from what we have seen, that it is capable of keeping, in a fresh, moist, and inoffensive state, the flesh of animals, and we think that it may become in this way of important use to Surgeons and Students of Anatomy; and that it may be made to promote materially the object of the Anatomy Act. We shall be glad if any means can be devised by which this discovery may be made chiefly available to the profession without obliging its inventor to tie it up by patent right.

Astley Cooper, Bart.

Benjamin C. Brodie, Bart.

Joseph Henry Green.

Gilbert Macmurdo, Senior Lecturer of Anatomy and Physiology at St. Thomas's Hospital.

Bransby B. Cooper, ditto, Guy's Hospital.

R. O. Grainger, ditto, Webb-street School.

Frederick C. Skey, ditto, Aldersgate-st. School.

Edward Stanley, ditto, Bartholomew Hospital.

R. B. Todd, ditto, Westminster Hospital.

Richard Partridge, ditto, King's College.”

Having received the above, I was induced to apply to Government, for which purpose Sir Astley Cooper gave me a letter of introduction, the same date, in 1836, to Mr. Warburton, M.P. for Bridport, who also considered that a patent right would restrict the use of the invention, and thus deprive the public of its benefits; and he desired me to leave the case in his hands, with the assurance that he would recommend Government to adopt it; and I was led to believe, as the Secretary of State for the Home Department has the conduct of the Anatomy Act, that the opportunity would be embraced by the Government to give legal effect to the Act. After waiting about a month, I applied to Mr. Warburton, who told me that the Government were then much engaged in other matters, and I was put off for several weeks. He then desired me to address a letter to him, stating the lowest amount of compensation I could take, to throw the invention open for the free use of all Anatomical Schools in the United Kingdom. I complied with his desire, and no objection was made on his part to the amount named. At length I was told by Mr. Warburton, that the matter would be brought under the consideration of Mr. T. S. Rice, now Lord Monteagle, but that I must wait until the close of the session, for him to have a little leisure. When the session had closed, Mr. Rice immediately left London, and Mr. Warburton then assured me that he would write to him; but I obtained no answer, although I got many excuses, until February, 1837. Mr. Warburton then told me that Mr. Rice considered the invention of great importance, and he had authorised him to make a report as to its completeness, and at the same time intimated, that the only condition upon which he would consent to make his report was, that “I should reveal the secret of the process to him.” I urged that the documents given me by about sixteen of the most distinguished anatomists in London, fully proved all that could be reasonably required: he said “the certificates only proved the efficacy and importance of the invention; but he wanted to be satisfied that the process was easy of application, innocuous in its character, and also cheap.” I then offered to pledge myself to these points, and to stipulate that if my assurance was not borne out, that I should not be paid the consideration money. Nothing short, however, of having the whole secret

would meet his view; and as an inducement to comply, he assured me that "his only object was to make his report full and efficient, and that I was in honourable hands." But I did not feel confident upon this point; I had then been twelve months in this gentleman's hands, whereas a few weeks would have been sufficient. I found he would not reply to any application made by letter, and at my numerous interviews there was always a great deficiency of that frankness which should distinguish the character of a public man. I therefore declined to part with the secret of the invention, and he refused to make any report without it.

The next step which I took was to write to Mr. Rice, and stated Mr. Warburton's request and my motive for declining to accede to it—to which letter Mr. Rice never replied, and nothing further transpired until April following, when I was advised by Sir George Sinclair, notwithstanding the doubts which I entertained of the good faith of Mr. Warburton, to intrust the secret of the invention to him, as without his support it was not probable the Government would adopt it. Acting under this advice, I consented to put Mr. Warburton into possession of the secret of the process, and at his request I wrote to Mr. Rice stating my intention. This I considered as a guarantee that Mr. Rice was a party to the transaction. Having agreed to Mr. Warburton's terms, I was then kept in suspense for the day to be named convenient for him to receive the secret. Sometimes one thing occupied his time—then another; so that from April to July was consumed, and the session closed. He then told me that no further steps could be taken until the Parliament met in November. The evident intentional procrastination on his part induced me to remind him that the effect of his delay was to aid a combination formed in October, 1836, called the Anatomical Committee. The circular of these gentlemen stated that their object was to act with Dr. Somerville, through their individual influence with parish boards, in obtaining a larger supply of pauper subjects. I also urged upon his notice that one of the merits of my invention was, by arresting putrefaction, to give an extension of anatomical knowledge, with a smaller supply of material, and thereby prevent much of the mental anxiety now suffered by the poor from their dread against being dissected. I then submitted to him the necessity for bringing my negotiation, through him, with the Government, to a close; but as I found he still evaded the settlement, I then told him I considered it a duty which I owed to the public and myself to inform the parish boards which supplied paupers' remains for anatomical purposes, that the subjects so supplied were not exclusively applied to serve the interests of science, but were, in particular instances, made a source of private emolument and patronage. And, to prevent the possibility of mistake, I gave him a copy of the handbill which I subsequently distributed (exclusively) to the members of parish boards. In November following I met Mr. Warburton, by his appointment, at the Athenæum Club House, and there gave him a full detail of the materials and application of my invention, and he assured me that he would make his report, and I might expect his reply in about ten days; but no answer came at the appointed time. Sir George Sinclair then applied to him with no better success; but in December he stated that he was then trying experiments upon my plan. I again applied to him the latter part of the month. He then assured me that his experiments were almost completed, and he was satisfied they would prove successful, and during the Christmas holidays he would make his report to Mr. T. S. Rice.

I then placed before him two notices which I had received from the Patent Office, stating that applications had been made for patents to preserve animal substances. I urged upon his consideration the unfairness of keeping me in a state of suspense for so long a period, and that the injury was the greater from the effects of my method having been shown to a large body of scientific gentlemen. He answered my observations by saying, that "the Government having authorised him to make his report, my putting the secret of the invention into his hands to enable him to make his report complete, Government were bound in honour to compensate me, even if twenty patents were obtained."

In January, 1838, I received a letter from Sir George Sinclair, stating that Mr. Warburton would immediately make his report in favour of my invention to Mr. Rice, and recommend that it should be adopted for the public benefit. A few days later, Mr. Warburton told me Mr. Rice was pleased with his report, and only required a short time to search into precedents for making private grants.

I am now brought, my Lord, to a very material part of the case. I had been in Mr. Warburton's hands above two years, subjected to harassing and vexatious delays. But on the 9th of April, 1838, came the climax. Mr. Warburton then addressed his first and last note to me, stating, "I am very sorry to inform you, that Mr. Rice has transmitted, *unknown to me*, your papers to Lord John Russell, and that his Lordship has refused to entertain the claim;" and then he refers to his Lordship's motives, "that the interests of gentlemen opposed to summer dissection have prevailed against you." I asked Mr. Warburton to explain the reason why he made his report to Mr. Rice, and why Mr. Rice received it? His reply was, "he is the only man of science in the Cabinet." I then solicited him to make a statement of the whole facts to Lord John Russell; he said, that would be useless, "as Ministers of State always protected each other's actions in such matters." It is evident that Mr. Warburton's letter infers three conclusions: first, that he disapproved of Mr. Rice's conduct; second, that he charges Lord John Russell, as a Minister of State, with corrupt motives, and if true, conveys a very serious implication; third, that he himself is no trickster, and the purity of his own actions leads him to condemn the conduct of two Ministers of the Crown. But, my Lord, as it is so well known that Mr. Warburton holds a prominent position at the Home-office in all medical matters, I will digress a little, to show the duplicity of his professions.

In the last session of Parliament I petitioned the House of Commons for inquiry (nothing more) into the treatment which I had experienced, and the immediate connexion my case had with the maladministration of the Anatomy Act—on which occasion Mr. Warburton very gravely rose from his seat, as one of England's legislators, and read the paper which I put into his hands in July, 1837, and then said the publication of that paper deprived me of all claim to sympathy. "Yes," said the Hon. Member, "were such a man to discover the philosopher's stone, he would not be entitled to consideration." No doubt, my Lord, all those gentlemen not in the secret who heard the denunciations of Mr. Warburton, concluded that I had been guilty of circulating, without his knowledge, false and malicious matter; but such was not the fact; every word is true, and Mr. Warburton must acknowledge that he knew its truth, as the document only referred to gross and known abuses of the Anatomy Act, and I gave Mr. Warburton a copy of it before its

publication. Now, my Lord, I will refer to the merits of Mr. Warburton's declaration. I have already stated that he had the paper in July, 1837. Sir George Sinclair informed me he had a copy about the same time from Mr. Warburton. In November, 1837, under the direction of Government, he obtained the secret of my invention, and between that time and April, 1838, made a profusion of friendly promises—not to me only, but to Sir George Sinclair; I doubted them, and told Sir George of my mistrust. In January, 1838, Sir George says by letter, in reply, "I am sure Mr. Warburton has your interest at heart;" and, again, in February, 1838, "Mr. Warburton is determined to see justice done to you." Mr. Warburton's letter to me, dated April 9, 1838, is full of expressions of sorrow at the course pursued by Mr. Rice and Lord John Russell.

I will now appeal to your Lordship to decide whether this gentleman has acted fairly by the House of Commons and the public—and whether he has not perpetrated an unwarrantable injury upon an humble individual, who had been induced, from the influence which he possesses with the Government, to place entire dependence upon him?

Your Lordship will probably reply, that hitherto I have only shown a connexion between Mr. Warburton and myself, and that I have failed to prove my connexion with any member of the Government. In order to satisfy your Lordship upon this point, I beg to observe, that Lord John Russell states, in his letter of September, 1836, that "the importance and utility of this invention is strongly attested by the highest medical authorities;" and his Lordship was aware of the gross contravention of the Anatomy Act, under his Lordship's immediate control, and that the importance and utility of this invention was necessary to give the Act legal effect. I have also possession of a letter written by Mr. Rice, in which he admits that upon two separate occasions he directed Mr. Warburton to investigate the merits of my invention. I may also refer to Sir George Sinclair's letter, dated April, 1837—"I have seen Mr. Warburton, and he wishes you to write to Mr. Rice, and state your intention to impart the secret." I did so. I may also refer to the fact of his receiving Mr. Warburton's report in January, 1838, and expressing his approbation of it, and only requiring a few days to search into precedents for making private grants, and then keeping the papers until about the 9th of April following.

I will submit to your Lordship, that, in equity and honour, I have established the direct interference and liability of the Government.

I have, my Lord, to complain of two distinct grievances: First, that as my invention would give legal effect to the operation of the Anatomy Act, the public and myself have been deeply injured through the unnecessary violation of that Act. Second, that I parted with the secret of my invention upon the faith that Government only desired to have Mr. Warburton's report in its favour; and through having placed this confidence in the honour of Government, I have lost much valuable time, and sustained very heavy pecuniary loss. But it is now well understood, my Lord, why it was considered advisable to obtain the secret of my invention, and then try to harass and weary me out with delay. It is here, my Lord—by the contravention of the Anatomy Act the London University College is mainly supported; it is in consequence of its being known that my invention would break up the traffic, and destroy the gains so illegally obtained, that I have been so unjustly treated by Mr. Warburton and the Government. No doubt Mr.

could not afford to lose upon his shares in that corporation. He could also furnish your Lordship with a long list of Cabinet Ministers, Noble Lords, and political partizans, whose names are enrolled as shareholders. But, my Lord, I am still rejoiced to find that some respectable shareholders in the institution referred to would rather sink the value of all their shares than receive a dividend obtained through the wanton abuse and waste of paupers' remains. Your Lordship is aware that that upright and honourable man, Dr. Birkbeck, has taken a lively interest in the matter, and has recommended to your Lordship not to allow Mr. Warburton's crotchets to have undue influence. I scarcely need add that the Doctor is a shareholder.

In public affairs, my Lord, cunning, let it be ever so adroitly managed, will not carry a man honourably through life. Like base coin, it may be made convertible for a time, but eventually its inherent worthlessness will be apparent. Injury inflicted by a Government upon an individual is lastingly interesting to society. On this principle I beg to solicit your Lordship's consideration.—I have the honour to remain, my Lord, your most obedient humble servant,

W. ROBERTS.

6, Old Fish Street, Nov. 9, 1840.

DISEASE AND DEATH CAUSED BY UNWHOLE-SOME DWELLINGS AND METALLIC EXHALATIONS.

To the Editor of the 'Medical Times.'

SIR,—The extraordinary circumstance of a whole family being poisoned in the metropolis, as related lately in the *Morning Herald*, will no doubt cause a great sensation both among the medical profession and the public; and much credit is due to the Coroner, Mr. Wakley, for his ready and anxious attention to the subject, the moment he heard of the sad catastrophe. This is another and a strong proof of what you stated in your Journal for February 6th, in your analysis of the Inquest on LETITIA FRIDAY, respecting the necessity of appointing or electing *none but medical men* to the important and most responsible office of Coroner.

The *Herald* states that the family of an Italian, named Giovanni Arzzoni, who had been a manufacturer of *Ultramarine Blue*, for the use of painters and other artists, and residing in Charlotte Street, Fitzroy Square, was poisoned at the end of last December; that the eldest daughter died on the 30th, the father on the 31st, or 1st of January of the present year; and that the mother and her two remaining children have ever since been inmates of Middlesex Hospital, where they lie deprived of all use of their limbs, and exhibiting every symptom of being poisoned. It seems that the daughter and father were buried in the usual way, *without Inquest or notice of any sort* by the parish or any authority, and that their deaths were actually recorded in the weekly returns of Mortality, as having been caused by *consumption*, in the one case, and *asthma*, in the other! If this be true, Mr. Editor, and such was the fact stated at Mr. Wakley's preliminary inquiry into the circumstances, can you conceive any dereliction of duty more atrocious? What! the deaths of *two members of one family* occurring almost together, and all the rest of the family labouring under such a degree of illness as to cause them to be taken to the hospital, and not excite sufficient attention to inform the officer appointed to inquire into all such matters! No language can express the indignation which arises at such neglect, concealment, or collusion, as must have taken place in regard to this matter; and

if Mr. Wakley do not bring to punishment the officer whose duty it was to report to him, and cause his discharge for ever from all parish employment, he is not the man I take him to be. What are Coroners' Juries appointed for, if not for such extraordinary cases as this? Mr. Wakley very properly ordered the exhumation of the bodies, and though at a late period, it is hoped that the true causes of death will be discovered: the information, it seems, accidentally reached his ears, from some observations which had been made at the Middlesex Hospital, on the paralyzed state, and other deplorable symptoms of Mrs. Arzzoni and her children. The inquest was very properly adjourned until a *post-mortem* examination should be carefully made, and I trust, that whatever may be the event, the coroner will not fail to visit with his highest displeasure and reprehension, the caitiffs in office who have so shamelessly neglected their duty; if such be the system pursued all over England, what safety is there for any one?—the same may be your case, or my case, tomorrow. I could tell you some curious tales about inquests; aye, that would make the hair stand on end! *We must, we must have MEDICAL CORONERS!*

My chief object, Mr. Editor, in troubling you with the present communication, of which I pray the insertion, is, if possible, to put you, the coroner, the jury, and the public, on your guard as to the possibility of a whole family being poisoned from *other causes* besides wilful or criminal ones, and of the extreme probability of such having been the case in that of an *ultramarine* manufacturer, a substance for the preparation of which, it is well known, that some of the most noxious poisons are used. My chief reason for doing this is, because in the report which I read, one of the witnesses is said to have stated that Arzzoni and his wife lived unhappily, or rather, uncomfortably, together, and that the latter was heard frequently to say "that she would poison herself rather than lead such a life." Now, we all know what family quarrels and differences amount to; they occur occasionally in almost every house in London; and very often merely to gratify a testy humour of the moment, or perhaps for the pleasure of making it up again. Under such impressions, we should be entirely unjustified in inferring anything from such gossiping evidence, than what might be inferred from any common occurrence of the same sort. As to the talk about "poisoning herself," that is just as unworthy of regard, unless corroborated by positive or other convincing circumstances: it is a common saying, that persons who threaten to destroy their own lives, are the last to do so; and in this, I think, there is much truth.

The following remarkable cases of the disease and poisoning of whole families, were collected by Messieurs D'Arcet and Braconnet, of Paris, and published by them in *Les Annales d'Hygiène*, in July, 1836, from whence they were afterwards translated for the 'British and Foreign Medical Review.'

CASE 1.—Gillet, a cabinet-maker, æt. 35, of a good constitution, lived, with his wife and three children, in a house at Nancy, which he had recently purchased. The whole family had the same symptoms as himself: pains in the head, nausea, lassitude, difficult digestion, almost constantly colic, diarrhoea, swelling and numbness of the limbs, extreme exhaustion, and depression of spirits. His workmen were not ill, nor was a woman who took her meals with him, and remained in his house during the day, but who did not sleep there. His neighbours also were not affected. M. Braconnet was requested to investigate the case. It was suspected that the water of his well might have become impure by infiltration, as his next door neighbour, M. Noel, was a manu-

facturer of coloured paper, and made use of large quantities of arsenic and oxide of copper in the preparation of the green of Schweinfurt; but an accurate analysis proved that this was not the case, and that the water was wholesome. His apartments on the first floor were clean, commodious, and sufficiently open in front; but in his shop there was a large damp spot on the floor, which he said corresponded to a dark outhouse beneath, belonging to M. Noel's manufactory. On going down into it, it was found to be as dark as a cellar, only lighted with a small opening, three or four feet square, in the roof. It had not been used for fifty years, but for a long time all kinds of rubbish had been thrown into it from the manufactory, through a little obscure casement. In this outhouse was a well, only a short distance from the one belonging to Gillet, and beneath his sleeping-room; on letting down a candle, it burned on the surface of the water, but bubbles of gas were seen spontaneously disengaged, and they became very numerous on agitating the water by throwing in stones; it was hydrogen gas, like that in marshes, and arising from the decomposition of the organic matters thrown into the well. The water did not appear to be worse than that in stagnant marshes. This undoubtedly (says M. Braconnet) was the cause of the disease. M. Noel, who had lived in his manufactory thirty years, informed him that, twenty-five years since, Grandidier, a robust and athletic man, died of the same disease as Gillet, in the same house; also that the wife and three children of Royer, who lived there fifteen years ago, died with similar symptoms; Madame Mathieu also, and her young daughter, two years ago, and Laurent and his two nieces, died in the same house, from the same malady. However, twelve years before, a family lived there two years without illness. M. D'Arcet thus accounts for the entrance of the noxious exhalations:—In winter (the month of November was mentioned) a fire is made in Mr. G.'s rooms; the exterior air enters the outhouse by the opening in the roof, is infected, and is drawn into the apartment by the draught of the chimneys.

CASE 2.—M. D'Arcet had to examine a lodging in which three young and vigorous men had died in succession in a few years. The lodging consisted of a bed-chamber with a chimney, and an ante-room without ventilation. The descending pipe of a water-closet passed down the angle of the alcove, by the side of the head of the bed, and the wall in this part was slightly infiltrated; notwithstanding this, there was no sensible smell in the room, although it was small and low. M. D'Arcet could only attribute the mortality in the lodging to the slow action of the emanations from the pipe, which were, particularly during the night, drawn around the head of the bed and into the room by the draught of the chimney.

CASE 3.—M. D'Arcet observed the health of one of his acquaintances to languish and decline, although young and of good constitution; and he requested him often to examine his lodging, and even to quit it; at last his friend besought him to investigate the cause of the uneasiness he felt whenever he remained at home. M. D'Arcet found that the room was often filled with the gaseous products of the combustion of carbon. The chimney of his parlour, in which he seldom had a fire, was common to a kitchen on the story above; and the carbonic acid gas, which descended by the chimney of the parlour, was drawn into the bedroom by the draught always kept up in its chimney at night, by a fire in winter, and by the heat of the room (which was small) in summer. The cause of the evil being known, it was easily remedied by making a good chimney in the bedroom, placing a trap-door in the chimney of the parlour, and also sand-bags at the door separating the two rooms.

CASE 4.—A whole family was salivated, they knew not how. They recollected at last that a barometer had been broken and the mercury put into a plate, which was placed in a cupboard. This was removed, and the disease disappeared. The least ventilation would have prevented so slight a cause from producing such severe effects.

CASE 5.—A prefect of police requested M. D'Arcet, at six o'clock in the morning, to examine

a room in which two females had been asphyxiated during the night. He easily recognised the presence of carbonic acid, which he found had entered the bed-chamber by the stove of the dining-room, where no fire had been made for a long-time; that, it had traversed the dining-room, and had penetrated the bedroom owing to the draught of the bedroom chimney. The owner of the house on being questioned, said that the chimney into which the pipe of the stove passed belonged to the room of a dentist who occupied the first floor. M. D'Arcet knocked at the dentist's door, and he opened it himself; he had his pincers in his hand, and had been spending the night in making artificial teeth, for which he used a furnace heated with charcoal, and had thus asphyxiated the two ladies lodging above him.

CASE 6.—A whole family became ill from the vapour of mercury, issuing from the workshop of a gilder. The chimney of the stove in their lodgings communicated with the chimney of the gilder, and a draught from a chimney in the rooms of the former, drew the mercurial vapour through the chimney of the stove, and diffused it.—M. D'Arcet says he could recite many other instances from his own knowledge; these show that care should be taken in choosing the place from whence the air is drawn for the necessary draught of the chimneys of an apartment, which requires plenty of pure air, and not air from an infected place, such as the tube of a water-closet, an unwholesome court, neighbouring chimneys, &c. The least ventilation which is constant, whether from below upwards, or from above downwards, is sufficient to purify a lodging, but a constant stream of pure air is necessary, cold in summer, and hot in winter.

CASE 7.—Whilst M. Vauquelin lived at l'Ecole des Mines, his house was kept by two sisters of Fourcroy. These ladies, who kept a dog, cat, and canary birds, went to spend two days in the country with M. Vauquelin; they gave the animals plenty to eat and drink, and shut them up in the ante-chamber. M. Vauquelin found, on his return, the ante-chamber full of smoke, and the animals dead; the smoke had penetrated into the apartment by the tube of the stove, and came from a chimney on the upper story. The smoke had either fallen when it cooled, or it had been brought into the room by the draught of a chimney of M. Vauquelin's, the tube of which might have been heated either on the roof by the heat of the sun, or by its proximity with a neighbouring chimney in which there might have been a fire.

CASE 8.—M. Berthier was requested to attend a man named Salomon, his wife and child, who were all violently salivated; as also a young workman, who worked during the day with Salomon. It appeared, on inquiry, that M. Husson, a gilder, lived in the story below, and his chimney was the same as Salomon's. With this chimney M. Husson's furnaces communicated; he was in the habit of placing on the furnaces the articles he manufactured, in some of which mercury was used; the action of the fire volatilized the mercury, which entered the chimney, and was drawn by the draught into the pipe of Salomon's stove, where it was deposited, to be again volatilized when the stove was heated; the vapours then were diffused through the room, and produced the serious effects mentioned. To test the presence of mercury, a piece of gold was rubbed against the sides of the stove, which was at once silvered. To remedy this, the stove was removed, and the hole in the chimney stopped; prudence, probably, demanded that the chimney itself should have been condemned.

Perusal of the above cases will be of advantage in directing the attention of your readers to a set of causes of disease, which are too often neglected by medical practitioners, who generally direct their sole attention to the cure of the actual malady. I hope, too, that they will have their full effect with the coroner and jury on the present inquest, if the inquiry should happen to be protracted. Be it remembered that though the cause of the profuse salivation of a whole family, as above described, is not likely to be overlooked by the medical practitioner, less prominent, though not less im-

portant, cases of impaired health from noxious exhalations frequently are, as we know from experience.—Though all the above cases occurred in France, where numerous families live in one house, and where charcoal stoves are in frequent use, the same causes of disease and death also prevail in many parts of this metropolis, as well as in all the manufacturing towns of England; where it is notorious that the houses are like bee-hives, in regard to population, and the most noxious materials are in daily and constant use, for the preparation of the "thousand and one" articles of luxury, required in what is called polished or civilized society.—I have the honour to be, sir, your constant reader,

C. MACKENZIE.

February 6, 1841.

OBSERVATIONS ON ABDOMINAL TUMOURS AND INTUMESCENCE,

ILLUSTRATED BY CASES OF DISEASED LIVERS, BY R. BRIGHT, M.D., F.R.S., &c.

[From the Guy's Hospital Reports.]

HEPATIC TUMOURS OF IRREGULAR FORM.

THE tumours of this class are, abscesses in the liver, in various conditions; some other results of chronic inflammation; hydatids; and the different forms of malignant disease.

HEPATIC TUMOUR FROM ABSCESS.

When inflammatory affections of the liver have gone on to the formation of abscess, it depends entirely upon the situation in which the suppuration takes place, whether it produces a tumour externally or not. In general, however, some enlargement of the liver follows almost necessarily; and if the abscess does not point sufficiently, or if it be placed completely under the vault of the diaphragm, still it pushes the liver down, so that its margin is perceptible some way below the ribs: this produces an even smooth enlargement, rather than an irregular tumour; and usually the dulness of the right side of the chest extends higher than in health. When the abscess is so situated as to point externally, a distinct tumour is induced; sometimes protruding the ribs, and even pointing between the costal spaces; at other times appearing either immediately below the cartilages, or at some distance from them; the situation, of course, varying according as the right or left lobe is affected. A tumour arising from such a cause is easily to be traced as connected with the liver, of which it obviously forms a part; the dulness, on percussion, being continuous, as well as the resistance on pressure. The resistance, however, is not very great, as the whole organ rather gives way under pressure; and the sensation to the touch is comparatively soft, or it yields an elastic tenseness. More or less pain, and that often acute, is experienced when pressure is made; and generally symptoms of an active, febrile, and inflammatory character have preceded the appearance of such a tumour. It must, however, be borne in mind, that the approach of an abscess in the liver is often so obscure, and so insidious, that the inflammatory symptoms have sometimes not been recognised; or have, if not overlooked, frequently been ascribed to other organs; so that the appearance of the tumour has first suggested the mischief which had been going on. Its progress, too, has often been insidious; and an abscess has become chronic, producing an enlargement of a still more striking kind than I have just spoken of, remaining for months as a tangible tumour, almost defying diagnosis; and at length destroying life, by wearing out the constitutional powers, or by some accidental effusion of the pus into the peritoneal cavity. Still further than this, however,—an abscess of the liver may produce an uneven lobulated condition of the liver, possibly by absorption of the pus; or, more probably, by the escape of the greater part of it through the gall-ducts, and a consolidating change of what remains, which becomes insulated in the thickened cellular membrane. What we then find, is, a deep

cicatrix marked on the surface of the liver; and when we cut through this, a yellow deposit, of a more or less purulent character or of a chalky consistence, is lodged at the bottom. Such cicatrices are not matter of doubtful existence, but deep and tangible indentations on the surface of the liver; and though generally concealed from the touch by the ribs, yet if the liver were brought down below the ribs by its own enlargement or by external pressure, the nodulated liver would present a very perplexing variety of tumour, which would most likely be mistaken for malignant disease, till sufficient time had elapsed to prove its comparative innoxious nature, and its little disposition to increase.

Two cases are detailed, both interesting. We regret that we have only room for one, the more curious of them.

CASE.—*Deep Cicatrices of the Liver from former Abscesses.*—Dr B. was requested to meet Dr. Budd and Mr. Bell, in the case of a gentleman sinking under the effects of granulated kidneys with albuminous urine. He had made several voyages to India in his youth, but had retired from that service above fourteen years. During his Indian voyages and residence, he was supposed to have suffered from liver disease; and he has always asserted that he was sure his liver was still diseased; one reason for which belief had been, his great tendency to dysenteric diarrhoea, and derangement of the bowels.—Dr. B. was present at the post-mortem examination; and the first thing which drew attention, was the singular appearance of the liver, which was divided by several deep fissures, some of them a full inch in depth, rendering the whole liver irregularly tuberculated. These fissures were the cicatrices of abscesses; and on cutting through them, we found at least twenty small deposits of puriform matter, contained in little cyst-like cavities formed by the induration of the cellular membrane of the liver; and some of these deposits, though apparently locked up in these cavities for several years—for there was no sign of recent action—still retained the character of most perfect recent pus.—As Dr. Bright observes, this case is instructive, as showing the frequent termination of hepatic abscess, and the way in which the remaining portions of pus may become so insulated as to be productive of little or no inconvenience, locally, or on the system.

IRREGULAR SURFACE OF THE LIVER INDUCED BY CHRONIC INFLAMMATION.

"Under this head I would arrange the numerous cases in which, from contraction of the cellular membrane, the liver becomes deformed and lobulated, either in large proportion, or in that more uniform manner which marks the hobnailed liver. As in this form of disease the liver is generally contracted rather than enlarged, we are frequently deprived of an opportunity of ascertaining its state with certainty, though the general symptoms frequently lead us to correct diagnosis. These conditions of the liver are very apt to be marked by the effusion of blood into the stomach and intestines, leading to most severe and repeated hæmatemesis, as was very well pointed out by Dr. Law of Dublin; and also to serous effusion into the peritoneum. It is owing to this last circumstance that we are often led to search for the liver, and to detect it even when its bulk is rather diminished than increased; for as the ascetic patient lies on his back, if the liver be indurated and contracted, it tends to gravitate of its own accord, from its attachments; and thus, falling downwards and forwards, sinks, suspended under a certain quantity of serum; and thus we find it below the margin of the ribs, so as to be plainly felt. For this purpose the attention of the patient must be drawn away, if possible, to prevent the almost involuntary tension of the muscles; and then, the points of the fingers being placed on the surface, by a quick movement are brought down with the integuments so as to displace the serum and receive the impulse of the liver; and then, taking advantage of a favourable moment, the irregularities of the surface may be felt. Thus I have before me cases where the abdomen is de-

scribed as loaded with serum, and the liver to be distinctly felt below the ribs; and yet, when the examination was made, after death occurring in a few days, the liver is stated to be rather small, its whole surface granulated, and its texture hard and unyielding. — There are a few other cases of tumours, of a more casual kind, formed on the surface of the liver; as, cartilaginous deposits; and even bony tumours, the result of morbid actions, which are generally not progressive. The possible existence of such tumours should be carefully borne in mind, as pointing out the propriety of abstaining from the use of violent remedies for the removal of any internal tumour, whose stationary condition, and the little effect it produces on the constitution, seem to point it out as less likely to prove injurious than our efforts for its removal, which at length will probably be of no avail."

VACANCIES, PROMOTIONS & APPOINTMENTS.

NAVY.—(Additional acting) Assistant-surgeons Mr. W. R. E. Smart, Mr. H. Willan, Mr. T. C. Miller, Dr. W. Scott, to the Melville; Mr. P. Porter, to the Queen.

ARMY.—50th Foot, Assistant-surgeon Joseph Burke, from the Staff, to be Assistant-surgeon, vice Ellson, promoted in the 90th Foot.—90th Foot, Assistant-surgeon Robert Ellson, from the 50th Foot, to be Surgeon, vice Kinnis, appointed to the Staff.

HOSPITAL STAFF.—To be Assistant-surgeons to the Forces, W. C. Scaman, gent., vice Jameson, who resigns; John Edmund Currey, gent., vice Burke, appointed to 50th Foot.

ERRATA in the 'Gazettes' of the 15th and 26th of January, 1841.—53rd Foot, for 'Assistant-surgeon Thomas Galbraith Logan, M.D., from the Staff, to be Assistant-surgeon, vice Docker, whose appointment has been cancelled,' read 'vice Docker, appointed to the 61st Foot.'—54th Foot, for 'Edward Scott Docker, gent., to be Assistant-Surgeon, vice Everard, deceased,' read 'Assistant-surgeon Edward Scott Docker, from the 53rd Foot, to be Assistant-surgeon, vice Everard, deceased.'

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A Journal of English and Foreign Medicine and Medical Affairs.

No. 75. VOL. III.

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HUNTERIAN ORATION.

THIS annual address, on the birthday of the celebrated John Hunter, was delivered at the Royal College of Surgeons, on Monday, the 15th current, by Mr. Callaway, of Guy's Hospital. The theatre was crowded, and, amongst other distinguished visitors, were Sir Robert Peel, M.P., Sir Robert Inglis, M.P., Mr. Baron Parke, Mr. Baron Gurney, Drs. Addison and Babington, Sir B. Brodie, Mr. Lawrence, and Mr. Liston, surgeons, and other eminent members of the profession. At the close of the oration, Mr. Callaway adverted to the loss the profession had sustained in the deaths of three of the members of the council, since the last Annual Meeting, viz., Sir A. Carlisle, Mr. Howship, and Sir Astley Cooper. In reference to the latter, Mr. Callaway delivered the following eulogium on the attainments and character of his old preceptor and friend:—

"A great luminary has disappeared from the horizon of science; and now, Sir, if I felt hesitation in accepting the office which devolved on me this day (and which I have so inefficiently performed), what must be my situation and feelings, knowing how incapable I am, indeed how inadequate any language must be, to do justice to the sentiments and feelings that pervade at this moment every member of our profession? You all, collectively and individually, have to deplore the loss of one of the greatest ornaments of the profession, the brightest that this or any other country ever possessed. It would be premature, nay presumptuous, to attempt to estimate the value of the labours of a man so distinguished, so identified with the science of surgery, and the best interests of the medical profession. I need not say to whom I allude—you all knew, esteemed, and, I might almost say, loved, Astley Cooper. Looking around this theatre, I see the faces of many of his personal friends, many who were taught by him, and by whose invaluable instructions they were enabled successfully to pursue the arduous and responsible duties of their profession; all listened with delight to his peculiarly pleasing mode of conveying the ample stores of his industriously accumulated facts, and with that most happy aptitude for demonstration which rendered him in the highest degree efficient as a teacher and a lecturer. Indeed, I may fearlessly inquire what member of the medical profession is there who has not, directly or indirectly, benefited by Sir Astley's instructive lessons? May I not confidently say there are few men who have not on some occasion had to receive at his hands some advice, or some of those friendly attentions which were invaluable in themselves, but rendered doubly so by the kind, nay, the almost paternal manner in which they were conveyed?

How many thousands have profited by his incomparable lectures, and how many of the present generation of surgeons referred to him as their oracle and their guide! In times of dilemma, difficulty, and under circumstances of doubt and indecision, which the almost protean forms of disease assume, and the variety of intricate injury to which the human body is liable, how often has his mass of experience and collection of facts been open to us for our guidance?—and who does not recollect the candour, ingenuousness, and kind feeling with which such advice was given? Yes, indeed he was the Mentor—the Nestor—of the surgical profession! No man ever lived who rendered more substantial services to scientific surgery. No man had a stronger claim to the high pinnacle of elevation and greatness which he so justly, so deservedly, attained. His lectures were remarkable for their brevity and clearness; for their amount of interesting information and practical experience, or the valuable information which they imparted, and, above all, for the impressive manner in which they were delivered; a manner that attracted the attention of the student, and left an impression on the mind that time could not efface. These delightful qualities, as a teacher, drew to his theatre the largest, and, I may say, the most attentive class that was ever brought together in this metropolis, and conferred on the London schools a celebrity which they had never before obtained. As an operator he was most adroit, merciful, and kind, but fearless and undaunted with his knife; guided by the confidence and firmness of one well acquainted with anatomy, he evinced a dexterity that was the admiration of all. And here we must not forget his excellent axiom, 'never to do to a patient what under similar circumstances he would not submit to himself.' His works are so well known to you all—to medical men of all countries—that it would be superfluous to say one word to my present audience, for Sir Astley's long life was devoted to the dissemination of all the best and most practical points of surgery, and his contributions to the literature of surgery entitle him, justly, to a distinguished place as an authority in that science to which he was so ardently devoted. Sir Astley's works are the text-books of surgery, alike valuable to the practitioner and to the student. His '*Treatise on Hernia*,' (and here I may state, that the correct anatomical structure of the parts through which hernia descend, was not accurately known until his dissection demonstrated them, particularly inguinal and femoral,) and his work on dislocations and fractures, and injuries of joints, &c., will remain as monuments of his accuracy and judgment as long as surgical science is studied, and are striking indications and proofs

of his enduring attachment to that science. But, Sir, time passed quickly on, and other men, guided by his valuable experience and example, trod on his steps, in the course of human events and the advance of science; still this excellent man did not retire in the latter part of his life to enjoy the fruits of his well-earned reputation, laurels, ample fortune, and the honours which his Sovereign (well appreciating his merits) had conferred on him. No! he still pursued his investigations and researches; his industry remained, his zeal was unabated, his energy unrelaxed, and the unsubdued ardour for, and love of his profession, still stimulated him to persevere, to seek, by a most difficult and arduous dissection of the minute structures of particular organs, the cause of the disease, and, consequently, to his benevolent mind, the hope that he might discover a better mode of treating the always intractable and generally incurable diseases; and here it would be a great omission not to mention, that at the age of 71 he published his work on the '*Structure and Physiology of the Thymus Gland*,' a work that would have done honour to him at any period of his life, showing that up to the latest moment he was still working and contributing to the great objects of his useful life—

Vires ultra sortemque senectæ

Astley Cooper's fame and reputation live, and will still live in the humble dwelling of the poor, the hall of the noble, and the palace of royalty. The valuable results of his experience will be felt in every part of the habitable globe, for the learned of all nations have done homage to his talents and his worth. Associated with the savans of his own and other countries, he obtained the highest honours which our profession can obtain, and the scientific institutions of other nations awarded him their honorary diplomas and distinctions. By the exercise of great talent, and the advantage of a large accumulation of facts and experience, he acquired a tact, a discrimination, a discernment, rarely equalled, never surpassed; with a dignified urbanity, shrewdness, and genuine *bon-homme*, he gained the regard, confidence, and esteem of all who came within his circle. His notions of professional duty were noble and generous; the probity of his mind, the integrity of his life, his kindness of heart and liberality of feeling, entitle his memory to our respectful homage, and call for our warmest and most lasting gratitude. Let the seniors of our profession emulate his honourable conduct, his ingenuousness, kindness, and scientific research. And the juniors should imitate his industry, his perseverance, zeal, and unceasing inquiry into the science of their profession; and may we all benefit by the splendid example of Sir Astley Cooper."

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

URINARY CALCULI; CAUSES AND SYMPTOMS.—
SOUNDING.

Concretions may form in any part of the urinary apparatus, at least in any of the cavities or tubes which are subservient to the excretion or retention or expulsion of the urine; that is, they may form in the infundibula or pelvis of the kidney, in the ureter, in the urethra, in the prostate gland, or in the bladder. The urinary concretions which thus form are commonly denominated stones, from their hard structure; indeed, both from their configuration as well as structure, persons might call them, in common language, stones, and the complaint is denominated, generally, *the stone*. In another form, urinary concretions nearly resemble gravel, and thus the term *gravel* has passed into common language to denote a certain form of urinary concretions, in which, instead of being collected into one mass, they are deposited in several small portions. In technical language, we generally use the term *calculus* as equivalent to the term *stone*; *calculus* and *calculous disorders* are the ordinary technical expressions. We might arrange those concretions according to the situations in which they are met with, such as *renal*, *vesical*, *urethral calculi*, and this denomination would be convenient enough for practical purposes, but it would not be accordant with physiological views; for we find that in whatever situation those concretions are met with, they are generally of similar construction, so that it is only in a surgical point of view that we regard them according to the parts in which they are found; for a concretion which forms in the kidney is, at first, a renal calculus; it then passes into the bladder, and it is a vesical calculus; it may go into the urethra, and then it is an urethra calculus, but yet it is the same kind of substance in all those situations.—Now, as the materials of urinary concretions are derived from the urine, their nature could not have been well understood, until the composition of the urine was ascertained. The recent progress of chemistry has led us to understand pretty fully the nature of the urine. Several pathological inquirers have defined with much accuracy, and unequivocally, the composition of the various urinary calculi, so that now the nature of those productions is pretty well ascertained and understood. As far as their chemical characters are concerned, those substances are considered in lectures on chemistry, and, therefore, I shall do no more than refer you on the present occasion, if you wish for minute information on the subject, to two excellent modern treatises on calculous diseases—Dr. Marcet's 'Essay on the Chemical History and Medical Treatment of Calculous Disorders,' and Dr. Prout's 'Inquiry into the Nature and Treatment of Gravel, Calculus, and other Diseases connected with deranged Operation of the Urinary Organs.' In these works you will find collected together all that you can want to know respecting the chemical histories of these substances.—Urinary concretions occur to our observation in three forms; we see them, in the first place, a powdery sediment, taking place in the urine after it is evacuated; this sediment consists of a matter which existed in a state of solution in the urine when it was evacuated, so that the urine in such cases is voided transparent, but in proportion as it cools deposits certain matters which render it cloudy, and which subsides to the bottom of the vessel in which it is contained. There is a pinkish or a pinkish-white sediment very frequently observed in the case of febrile disorders, or in persons labouring under indigestion; it consists very generally of the *lithate of ammonia*, of *soda*, or of *lime*. There is a sediment occurring under other circumstances, called *white sand*, consisting of the *phosphate of ammonia* and *magnesia*, and the *phosphate of lime*. Then, again, those substances are observed in the form of *crystallized minute particles*, in which case they are called *gravel*, in common, and even in medical language. These consist in particles, varying in size, sometimes very small, sometimes larger, and generally, when accu-

ately examined, have a crystalline figure. They are voided with the urine in their crystalline form, or they may be partly voided with the urine, and partly deposited from the urine as it cools, in the same way that the powdery sediment is. Then there is the case of *red gravel*, or *luteitious sediment*, in which case the patient may void some of those substances from the bladder in their concrete state; but it will often be found that he makes his water clear and transparent, and that the particles crystallize in the vessel in proportion as the urine cools. The most familiar example of this kind of substance, is that which I have just last mentioned; it bears a pretty close analogy to some forms of red gravel, and consists of the *lithic* or *uric acid*. The third form in which urinary concretions are observed, is that of *calculi* or *stones*, and these are very various in their composition. The most common form of these substances is that of *lithic acid*, or *uric acid* in a concrete state; and the calculi thus composed are of a whitish-brown colour, and are generally deposited in successive strata, enclosing each other from the centre towards the circumference. *Lithate of ammonia* is another ordinary form of these substances; this consists of the lithic acid with ammonia, and it forms a stone considerably lighter in colour than that which is formed by the uric acid. In this plate in Dr. Prout's work, the concretion which I now point out to you, of a light-brown colour, represents the lithic acid. The phosphate of ammonia and magnesia, which has been called in chemistry *triple phosphate*, constitutes generally the exterior of a great number of them; it has a white appearance. Where the external layers, therefore, of a calculus consist of the triple phosphate, its appearance approaches almost to that of a piece of chalk; the interior is of a darker appearance—it is a different concretion. The exterior, then, of this stone, which is very different in appearance from the inside, consists of triple phosphate.—There is a stone very frequently met with, which consists of a combination of the phosphate of ammonia and magnesia, with phosphate of lime, and this stone possesses the property of *vitrifying*—running into a vitreous globule when exposed to the flame of the blow-pipe; hence it is called the fusible stone. Another consists of the *oxalate of lime*, and this is distinguished by its hardness, so that the stone is very heavy compared with its bulk; and in many instances it forms on its exterior irregular tubercular prominences, so that the stone thus formed has been compared to the fruit of the mulberry-tree, and has been called *mulberry calculus*. Here is one with a great number of those tubercles. This is another, formed by the uric acid, which is tolerably smooth. However, this circumstance, the irregular tubercular appearance, is by no means a necessary character of the stone, which is formed by the oxalate of lime; you may have it not presenting those prominences.—It sometimes happens that a stone contains a mixture of different ingredients, although this is not common; and it still more frequently happens that stones consist of successive depositions of different substances; the several parts being, for example, lithic or uric acid, and then layers of the phosphates. Sometimes there is an alternation of those; thus we have uric acid, then the phosphates, then uric acid, then phosphates again, and so on. So that stones are met with occasionally which exhibit nearly all the constituents that belong to those various stones; a single stone may have them all.—When a stone is sawn through, it is usually found that the matters of which it consists are deposited in successive layers, so that you see very clearly successive strata; you do not see a uniform combination of the substances throughout, but you observe there are numerous layers, which are very distinctly visible when the stone is sawn through. Indeed, the successive depositions of matter which constitute a large stone, may occupy a period of several years; during this time the chemical composition of the urine may vary very considerably; the state of the health of the individual, and consequently the state of the urinary secretion, may be very variable. Thus it will happen, that for a certain length of time no matter at all is deposited, and again, that the stone, after it has remained in a quiescent state for a length of time, has a new stratum laid upon

it, and that may be quite different in its nature to the substance which formed the stone previously. Thus it will happen in these old cases of stone, that you have a succession of different ingredients or materials, depending on the state of the health of the individual, and the time when the substances have been deposited.—When you saw through a stone of this sort, you very commonly find that the substances have been deposited round a small piece in the centre; it appears that a small portion of matter of some kind or other has formed a centre, round which the calculous matter has been deposited, and this is very commonly called the *nucleus* of the stone. In the case of certain calculi which are found in the bladder, it sometimes happens that the nucleus of a stone is of some foreign substance that may have been accidentally introduced into the bladder. This is a specimen of calculous matter deposited upon a portion of foreign substance that had been introduced into a female bladder through the urethra; and we have a specimen in the museum of a stone, which I removed from a patient in the hospital, where the calculous substance was deposited round a portion of a metallic bougie; the patient had been in the habit of using the instrument, and a portion of it had broken off, although in general the nucleus consists of some concretion that has been deposited from the urine itself.—Now of the various substances that I have just enumerated, all are not of equally common occurrence. The lithic or uric acid forms by far the greater number of urinary calculi; and Dr. Prout states, if we refer to a table of this description, that those stones of which the lithic acid is the principal ingredient, and those in which it forms the nucleus, will form about two-thirds of all the calculi that are found in the human bladder. The phosphates come next, that is, the stone consisting of the phosphate of ammonia and magnesia, and the fusible calculus, the oxalate of lime; the mulberry calculus comes next. There are other ingredients of stones met with in certain rare instances, but they are too uncommon to render it necessary for me to mention them in this general view of the subject.—It seems probable that, in a great majority of instances, the origin of urinary calculi is in the kidney; that something is deposited from the urine in that organ, some concretion takes place there, which passes through the ureter into the bladder, and forms a nucleus round which successive depositions take place. Not uncommonly we meet with depositions in the kidney; generally speaking, however, a concretion which is deposited in the kidney is of a size which admits of its passing along the ureter into the bladder, so that it does not remain in the kidney. But in certain cases these concretions do remain in the kidney, and obtain a considerable magnitude there; they may even become so large as to fill up the pelvis of the kidney and the infundibula, forming a pretty accurate cast of these parts. Here is one that does so; this is a large concretion, filling up the pelvis and infundibula. These concretions generally take the form of the cavities in which they are deposited. The greater number of concretions that are thus deposited in the kidney, consists of lithic or uric acid, and hence it is that we find the nuclei of a great proportion of the stones extracted from the bladder to consist of this uric acid, although the other parts of them may consist of a different matter. It is possible, however, that calculi may form entirely in the bladder. If a foreign substance is accidentally introduced into the bladder, depositions may form around it, though it never had been in the kidney.—In stating that the great majority of calculi are formed in the kidney, I conceive, and no doubt it is possible, that a stone may have its origin in the bladder; indeed, certain states of the bladder in which the urine is retained in it, and placed in a situation favourable for the deposition of its contents, are likely to be attended with the formation of calculi. This is the case in disease of the prostate, where the third lobe of the gland becomes augmented in size so as to impede the expulsion of the urine; in such a case a calculus is frequently found in the bladder. I believe that other depositions as well as the deposition of uric acid may be found in the kidney, for example, the oxalate of lime or the phosphate of lime, and thus the nucleus of other

stones than those which have uric acid in the centre, may be furnished from this part. The greater portion, however, of the bulk of calculi, no doubt, is deposited from the urine in the bladder; and it is sufficient to produce this deposition in the bladder, that some substance, either a nucleus or uric acid, or of the oxalate of lime secreted in the kidney and passed into the bladder, or a foreign body introduced into it—it is sufficient that some substance of that kind should exist in the bladder, to insure the successive depositions of various matters in the way I have mentioned. I have stated already that the depositions which take place in the kidney are generally small, and that they pass in that state along the ureter into the bladder. They occasionally become considerably larger, but, at all events, whether they are small or large, they are not, in the kidney, the objects of surgery. It may, perhaps, have happened in a rare case, that a calculus existing in the pelvis of the kidney may have excited inflammation of that part, may have produced abscess, and this may have become discharged externally; but we can hardly suppose any instance in which the discharge of a calculus in this situation can be at all assisted by any surgical proceeding. I may make the same observation with respect to calculi in the ureter. Generally speaking, the passage of a stone from the kidney to the bladder is indicated by excessive pain in the direction of the ureter; by paroxysms of pain of the most severe kind, commencing in the kidney, shooting along the ureter down to the bladder, and ceasing as soon as the stone has passed into it from the ureter. But this severe pain is not a necessary circumstance in the passage of a calculus from the kidney into the bladder; a calculus may pass in this way, and be urged through the ureter into the bladder, without the patient experiencing any considerable uneasiness. There are instances in which a calculus of considerable size has been voided through the urethra without any uneasy sensations indicative of its presence in the kidney, or its transmission along the ureter. It is, therefore, only where the calculus passes into the bladder, that it becomes the object of surgical attention.—*Causes*: I should have observed to you, respecting the causes of calculi, that the circumstances immediately determining their formation must be looked for in the state of the urine. The formation of urinary concretions presupposes an unnatural state of that secretion. When we consider that the urinary secretion is one of the great outlets of the body, one of the principal channels by which superfluous and noxious matter is separated from the frame; we can easily understand how it happens that the composition of the urine may vary very considerably, and how it may come to possess the properties which give rise to these concretions. We see that, in a case of an attack of fever, or even of simple indigestion produced by excess in eating, that the composition of the urine will be so altered as to produce, perhaps, an abundant deposition of the urate of ammonia. This is merely temporary; it goes off with the cause which produces it. But there are other conditions depending on the habits of an individual—conditions that may be considered habitual, and so long as they are kept up, the chemical composition of the urine will be such as to render the formation of such concretions very probable. When the state of the urine is such as to make it abound with lithic acid, so as to render probable either the deposition of red gravel, or the formation of lithic concretions in the bladder, the condition has been called by Dr. Prout, the *lithic diathesis*. Another condition, when the urine abounds with the phosphates, and which occurs under a different state of the individual—in a different state of health—Dr. Prout calls the *phosphatic diathesis*. We must look, therefore, to those states of the urine as explaining the nature of the substances which form the depositions of urinary concretions in different cases, and we must advert to the general state of the health of the individual, and his habits of living, in order to understand how it is that the urine forms these depositions. Now, in respect to the latter part of the inquiry, we really labour under a good deal of difficulty; we can scarcely perceive how, with respect to the urine, the one or the other diathesis

is produced. We can see that, in general, irregularities of diet will produce morbid states of the urine, but we are at a loss to point out what the peculiar circumstances are, that will give to the urine a disposition to deposit lithic acid, or the phosphates, or the oxalate of lime. On this subject our knowledge is not sufficiently advanced to enable me to bring forward anything definite and clear.—In speaking of the causes of urinary concretions, we are led immediately to advert to one circumstance, which is their great comparative frequency in young subjects. About half of the operations for stone are performed on subjects under the period of puberty. The affection is also much less frequent in females than in males. Dr. Prout gives a view of 1058 cases; of these 509 occurred in individuals at or under the age of fourteen years, and 549 above the age of fourteen. Of the same number, 1014 were males, and only 48 females. Now it has been considered, that the greater frequency of the complaint in young subjects than in adults, partly arises from the comparative smallness of the urethra, so that a minute nucleus which would pass through the urethra of an adult is detained in the bladder, in consequence of the small dimensions of the urethra in the child. The comparative infrequency of the occurrence of stone in the female, certainly admits of a very easy explanation from the short course of the female urethra, and its large dimensions.—Calculus as it exists in the bladder, is formed under very various circumstances. In the first place, the concretions vary very much in size, they vary in weight from a few grains to forty or even fifty ounces, for calculi in the bladder have sometimes obtained that magnitude. I have taken a calculus out of the bladder of a child, which I suppose would not have weighed more than eight or ten grains; and this is a calculus taken out of the bladder of an adult, which will weigh more than a quarter of a pound. The form of calculi in the bladder differs very much; they are more or less rounded, spherical, oval, or flat; sometimes particular parts of the calculi are moulded according to certain parts of the bladder with which they may have been in close contact. The number of calculi varies very much; there is often a considerable number, but most commonly there is only one; and in the case of there being more than one, they are apt to come into contact at certain points at which they have a smooth surface; no further depositions taking place on those parts, these surfaces correspond when there are more stones than one, and are the *pierres à facettes* of the French. Usually they are loose in the bladder, but there are instances in which calculi are adherent to some growths in the bladder; or contained in cysts communicating with the bladder. Here is a specimen of the latter sort. This circumstance, however, of the encysted state of calculi is a very rare occurrence; it is hardly to be calculated upon as likely to modify any of our practical proceedings.—*Symptoms*: The symptoms of calculi, as you will naturally expect, are principally those which you would suppose that a mechanical irritation affecting the internal surface of the bladder would produce. The presence of a foreign body within the mucous surface of the bladder, which is immediately irritated by it, you would suppose likely to produce pain; to produce not only pain of that part, but sympathetic pains of various other parts, having their supply of nerves from the same source as the bladder. Thus you will not be surprised to find, that stone in the bladder produces pain not only in the region of the bladder, but also along the course of the urethra; that it frequently produces severe pain at the extremity of the penis, and often pain about the thighs and the loins without producing any pain in the bladder at all. The pain which is thus produced by calculus in the bladder, differs materially in degree; the patient may experience slight uneasiness, or he may be subject to the most excruciating pain; indeed, the sufferings that are produced by stone in the bladder, are ranked among those which are of the most torturing kind, frequently coming on in paroxysms, under which patients suffer as great a degree of agony as they can possibly experience under any affection whatever. There are generally intervals, however, in this complaint in which the patient is compara-

tively free from pain. The pain comes on most frequently when he voids his urine, that is, when the bladder contracts, and it is usually pretty severe after the urine has been voided, that is, when the bladder, being emptied, its coats are brought into immediate contact with the foreign body; when that foreign body is pressed against the neck of the bladder, there is also great pain; the act of voiding the urine is also often extremely painful. In other instances, the patient experiences so little pain, that sometimes the presence of stone is only discovered accidentally. I remember being called to give assistance to an elderly gentleman, in consequence of his not being able to make water; he laboured under an enlargement of the prostate gland, and had not complained particularly of anything being wrong about his urinary organs, or sought medical assistance until I saw him. I introduced the catheter, and drew off a large quantity of water from the bladder, and after introducing the catheter two or three times, I struck against a stone behind the prominent portion of the prostate, which had obtained considerable magnitude, though it had not interfered with the passage of the urine, or caused him any serious inconvenience. He was actively employed until retention of urine came on from disease of the prostate gland, and he did not know that he had a stone in the bladder. Patients have died of other complaints, and stones have been found in their bladders, although they have not been aware of the existence of any such substances. Stone, therefore, is not necessarily such an extremely painful disease as is supposed.—The presence of stone in the bladder produces an habitual irritation of the organ, which makes the patient feel a frequent desire to pass his water; and this urgency sometimes comes on every quarter of an hour, every half hour, or every hour; generally speaking, it is much more frequent when a calculus is lodged at the neck of the bladder. The urine often presents an unnatural appearance when there is a calculus in the bladder, that is, the mucous coat of the bladder has its secretion altered; it pours out an excessive quantity of mucus—a thick, ropy, and viscid secretion; sometimes a red fluid escapes; there is blood mixed with the water, which renders it red, or bloody, and this is observed to take place more particularly after exercise, and after any kind of exertion by which the calculus is shaken in the bladder; the same causes produce an increase of the sufferings of the patient, so that he cannot ride on horseback, he cannot ride over a rough road or along a paved street in a coach, without considerable aggravation of his sufferings. The alteration of the discharge from the mucous coat of the bladder, sometimes proceeds so far as to produce copious bleeding; you have a large quantity of blood poured out into the bladder, and coagula of blood are voided with the urine. These are the effects immediately produced by the presence of stone in the bladder, in consequence of its irritation as a foreign substance acting upon its mucous coat. But these symptoms, striking as they appear to be, and directly as they seem to point out the existence of a source of irritation affecting the mucous membrane of the bladder, are not conclusive as proofs of the existence of a stone in that viscus, for they may, in a great measure, take place under other circumstances, that is, in the case of other diseases attacking the bladder. Various organic diseases may produce changes in the state of the urine, pain in the region of the bladder and neighbouring parts, the inconvenience and difficulty in the evacuation of the urine, and, in fact, nearly all the circumstances which I have enumerated to you as being produced by the presence of stone. In order, therefore, to prove that the symptoms are produced by stone in the bladder, and not by any other of those affections, it is necessary to introduce a metallic instrument, to touch or strike upon the stone; and that is the only proof on which you can rely, as showing that stone actually exists in the bladder, in a particular case. The operation of examining the bladder in this way for the purpose of directly determining whether stone exists in the bladder or not, is technically called *sounding*, and it consists, usually, in the introduction into the bladder of a polished steel instrument called a sound. When such an

instrument strikes upon a hard body, it produces so different a sensation from that which is caused by its coming in contact with any part of the bladder, that you immediately detect the nature of the case; and indeed if the sensation communicated to the hand were not sufficient for this, you may also have the additional evidence of the sense of hearing, for you can strike the metallic instrument against the hard substance so as to produce a sound that is audible, a sound that sometimes may be heard at a considerable distance from the patient; and when you have that evidence, you can no longer entertain a doubt respecting the case. The most convenient form of an instrument for sounding the bladder, is the shape which I have already described to you as being the fittest for catheters, and all similar metallic instruments; that is, a curvature constituting the fourth of a circle of four inches in diameter. This is a shorter or smaller curve than is ordinarily found in sounds and staffs, but it is a form of the instrument which enables it to move freely and easily in the bladder; the bend of it does not strike against the back and other parts of the bladder, so that you can move it about and examine the bladder in different directions, to ascertain what is in it. Baron Heurteloup gives to the instrument which he employs for the same purpose a still smaller curve; that is, the curved point of his instrument is the quarter of a circle, of which the diameter is three instead of four inches; and as he seems to have paid great attention to all the circumstances observed in these cases, I dare say that this may be found a proper shape to be used for the purpose. You introduce then the instrument; you turn its handle so as to direct it from side to side in the bladder; push it on to the back of the bladder, draw it towards the anterior part; introduce it completely, and draw it a little out again, so that merely the end of the instrument shall be within the bladder, and then move it about again, trying thus in various ways, so that if a stone is in any part of the bladder it may not escape the contact of the instrument. And here I may observe to you, that should there be any fluid in the bladder, the stone will always be in the lower part, and the lower part will vary according to the situation in which the individual is when you are sounding him. Thus what is the lower part in one situation, in another situation would be the upper part; if the patient is lying horizontally, you may easily judge whether the stone will be at the bottom of the bladder or not. The projection of the inferior part of the prostate sometimes raises the end of the sound where it enters the bladder, so that a stone resting at the bottom of the bladder, behind the prostate, may escape detection, even upon a very careful examination; and in this case it is expedient, where you suspect the existence of stone and do not find it, in the ordinary way of sounding, to raise the pelvis, when the neck of the bladder being no longer the most depending part of it, the stone will not remain in the situation in which the prostate affords that mechanical impediment to your ascertaining its existence. It appears to me, on the whole, that the mode in which the bladder is sounded by Baron Heurteloup, and by the gentlemen who practise the breaking of stones in the bladder, is peculiarly well calculated both to ascertain the presence and size of the stone, the capacity of the bladder, and a variety of other circumstances of consequence—of more particular consequence certainly to those who practise such operations, than to those who practise lithotomy, because until those points are ascertained, it cannot be known whether the breaking of the stone in the bladder is practicable at all, or in what way the various measures that are to be adopted should be had recourse to in the particular instance; but with respect to ordinary lithotomy, the simple operation of sounding, in the way I have mentioned, will be sufficient for the purpose. In the preliminary examination which takes place before the operation of breaking down the stone, it is usual to let the urine out of the bladder, and then to inject it with warm water, so that the capacity of the bladder is pretty accurately ascertained; and in that state certain circumstances can also be ascertained, in reference to the position of the stone, whether there be one or more stones, and so

forth, which cannot be well found out in any other way.—The proceedings we are to adopt in reference to those circumstances we must defer till the next lecture.

CORRESPONDENCE.

QUACK ADVERTISEMENTS.

To the Editor of the 'Medical Times.'

SIR,—As your ably conducted paper has been always the steadfast and unflinching exposé of medical quackery in all its branches, I hope that the few following observations on one of the most powerful, and to the public, the most injurious means by which that unprincipled trade receives countenance, will not prove unacceptable. I particularly refer to the circumstance of our most influential newspapers admitting into their columns these quackery advertisements, and not only admitting them, but actually giving more effect to the averments therein made by prostituting their pens for a paltry sum of money, by commenting, and not only commenting, but puffing up that which they cannot but know to be totally at variance with truth.—Take up, sir, any of our most talented metropolitan or provincial papers, I care not which, and ten to one but that you will find staring in your very face, a high eulogium upon the virtues of one, or it may be half-a-dozen, of these scandalous advertisements, which rather than they should admit into their columns, they would do themselves much more honour—legal medicine and the public much more good—were they to consign them to oblivion in the flames; for it is my firm belief, that the public prints have done as much for the propagation and encouragement of that system, as those more immediately interested. This is a degrading statement, but it is not the less an incontrovertible fact; and as long as this encouragement is given by such high patronage, just so long will quackery exist.—I will encroach no further on your valuable space; and in conclusion, would only express a hope that this letter may be the means of drawing the attention of those to whom it more particularly refers, and by their compliance with the simple recommendation, rigidly to refuse admission to all such advertisements, the last prop will be taken from the abominable system, and the death-blow given to this worse than pestilential curse.—I remain, Sir, your very humble servant,

An M.R.C.S. of Edin.

Edinburgh, February 16, 1841.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 5th February, 1841:—

Epidemic, endemic, and contagious diseases	190
Diseases of the brain, nerves, and senses	172
Diseases of the lungs, and other organs of respiration	375
Diseases of the heart and blood-vessels	20
Diseases of the stomach, liver, and other organs of digestion	64
Diseases of the kidneys, &c.	6
Childbed, diseases of the uterus, &c.	17
Diseases of the joints, bones, and muscles	6
Diseases of the skin, &c.	0
Diseases of uncertain seat	134
Old age, or natural decay	120
Violent deaths	28
Causes not specified	5

Deaths from all causes..... 1137

A meeting is announced to take place on Tuesday next, at the Freemason's Tavern, by the professional and other friends of the late Sir Astley Cooper, for the purpose of considering the propriety of raising a Fund by Subscription, for the erection of a monument to the memory of that distinguished surgeon. B. Travers, Esq., F.R.S., will take the chair.

THE ANATOMY ACT.

LETTER II.

TO THE RIGHT HON. VISCOUNT MELBOURNE.

MY LORD,—In my letter addressed to your Lordship on the 9th, I drew your Lordship's attention to the subject of my negotiation with government, through their agent, Mr. Warburton, for the application of my antiseptic process in aid of the defects of the Anatomy Act, and the advancement of anatomical science.

I incurred great personal risk and devoted much time and expense in completing the invention. I then purposed to protect myself by a patent, but my intentions having been made known to the principal teachers of anatomy in London, in March, 1836, Sir Astley Cooper, Bart., Sir Benjamin Brodie, Bart., Mr. Joseph Henry Green, Mr. Gilbert Macmurdo, and about half-a-dozen more of the most eminent anatomists, signed a general certificate in favour of the invention, and stated their desire that the utility of the process should not be restricted by patent right. The Secretary of State having the control of the Anatomy Act, Sir Astley Cooper gave me, in March, 1836, a letter of introduction to Mr. Warburton, M.P. for Bridport, he being considered the government oracle in all medical matters. Mr. Warburton also considered that a patent right would restrict the invention, and thus deprive the public of its benefits; and he desired me to address a letter to him, stating the lowest amount I could take to throw the invention open for the free use of all the anatomical schools in the United Kingdom. I complied with his request, and no objection was made on his part to the amount named. I then left the matter in his hands. After considerable delay, Mr. Warburton told me the subject would be brought under the consideration of Mr. T. S. Rice, now Lord Monteagle; various excuses were made for the further procrastination which occurred, but nothing was done until February, 1837; at this time Mr. Warburton told me that Mr. Rice considered the invention of great importance, and he had authorised him to make a report as to its completeness; and at the same time intimated, that the only condition upon which he would consent to make his report was, that "I should reveal the secret of the process to him." I urged that the numerous documents which I held, signed by the most eminent anatomists in London, full proved all that could be reasonably required as to its efficiency; nothing short, however, of having the whole secret would suit his views. At this time I declined to part with the secret of the invention, and he refused to make his report without it. In April following, I was advised by Sir George Sinclair, notwithstanding the doubt which I entertained of the good faith of Mr. Warburton, to intrust the secret of the invention to him, as without his support it was not probable that the government would adopt it. Acting under this advice, I consented to put Mr. Warburton into possession of the secret of the process, and at his request I wrote to Mr. Rice, stating my intention. This I considered as a guarantee that Mr. Rice was a party to the transaction. Having agreed to Mr. Warburton's terms in April, I was then kept in suspense until November following, as he stated, for a convenient opportunity for him to devote about ten minutes to hear the detail of my process. In November I met Mr. Warburton, by his appointment, at the Athenæum Club-house, and there gave him a full detail of the materials and application of my invention, and he assured me he would make his report, and I might expect his answer in about ten days, but no reply came at the appointed time. Sir G. Sinclair then applied to him with no

better success; but in December he stated that he was then trying experiments upon my plan. I again applied to him at the latter end of the month. He then assured me that his experiments were almost completed, and he was satisfied they would prove successful, and during the Christmas holidays he would make his report to Mr. T. S. Rice. In January, 1838, I received a letter from Sir George Sinclair, stating that Mr. Warburton would immediately make his report, in favour of my invention, to Mr. Rice, and recommend that it should be adopted for public benefit. A few days later, Mr. Warburton told me Mr. Rice was pleased with his report, and only required a short time to search into precedents for making private grants. On the 9th of April, 1838, Mr. Warburton sent me a letter stating, "I am sorry to inform you, that, *unknown to me*, Mr. T. S. Rice has transmitted your papers to Lord John Russell, and that his Lordship refuses to entertain your claim;" and then he refers to his Lordship's motives, "that the interests of gentlemen opposed to summer dissection have prevailed against you."

My Lord,—Common honesty requires that this subject should be divested of all sophistry. Lord John Russell and the inspector under his control were fully aware of the contravention of the Anatomy Act, and the truth is, that this Act, under the plea of reverence for the best feelings of mankind, has been made a source of political influence for the gain and profit of the shareholders of the University College. As a British subject I beg respectfully to remind your Lordship, that the law does not sanction a minister of the crown, more than a peasant, in violating the Acts of Parliament. Had Mr. Warburton been sincere in his professions to do me justice, he would have reminded the Secretary of State for the Home Department, that the Anatomy Act had been violated for years; then, out of respect to his influence, justice would have been done to me and to the public, and I should not now be left to complain of want of honour, justice, and integrity, in your Lordship's government.

Permit me, my Lord, to remind you that the passage of the Anatomy Act through Parliament was attended with considerable difficulty, because the public were averse to using the remains of the destitute poor as the means whereby the whole mass of the community were to be benefited. But then the advocates of the bill said we shall soon overcome the prejudices of the public, and obtain the rich as well as the poor; and for this purpose it was specially enacted that the bodies of executed murderers should no longer be given up to the surgeons. This was done, as your Lordship well knows, for the express purpose of removing the popular odium against dissection. Now, my Lord, we find the fact is, after all, that the bodies of paupers and prisoners are almost the only subjects which are transmitted into the dissecting-rooms; the proportion being at least one thousand of the two former classes to one single body from the middle and upper classes of society. This fact proves that the repugnance against dissection is still as strong as ever it was.

My Lord, we must never forget that the security offered to the public under this Act, by the execution of its details being left to the Home Office, was intended to soothe the feelings of the people. We now find that it is used to serve the interests of your Lordship's political partisans.

When I was referred by Sir Astley Cooper to Mr. Warburton, I was told that he was the best if not the only channel to approach the government upon any medical subject. Allow me to refer your Lordship to the painful and

protracted negotiation I had with that gentleman, extending over a period of two years. Your Lordship will find that he at last, after using every precaution, and I may add every means to throw me over, had he had the chance of maintaining that my invention possessed objections; but eventually he made his tardy report that it was good and advantageous for science and the public. As a matter of course the government having instructed Mr. Warburton to investigate the merits of the invention, received his report with confidence.

The next step Mr. Warburton takes, is to condemn Mr. Rice for transmitting the matter *unknown to him* to Lord John Russell—and then to condemn his Lordship for being influenced by gentlemen opposed to summer dissection. It is admitted by all anatomists that my invention would give facility for dissection during the long days of the year, and that summer dissection would be of incalculable benefit to students of anatomy, and consequently in their future practice to the public. Unless the gentlemen who influence Lord John Russell can prove that dissection during the summer is a public disadvantage, their interest is not entitled to consideration; otherwise it is evident that the cause assigned by Mr. Warburton, as Lord John Russell's motive for the abandonment of my claim, is the strongest reason why, for the benefit of the public, it ought to be adopted. But, my Lord, why has not Mr. Warburton declared who these gentlemen are? It is fully proved by Mr. Warburton that I had two years' negotiation, through him, with the government, not for the purpose of increasing the profits of a few monopolizing winter teachers, but with the hope of enlarging the field of dissection, and thus providing the means for a more universal attainment of anatomical knowledge.

The least the government could have done, after having obtained the secret of my invention, and thereby my money and years of labour, and also the unqualified approval of their own agent thereupon, would have been to have given the names of the monopolists referred to, and then to have allowed me the opportunity to have replied to their objections. The truth is, Mr. Warburton knew as well as the government that my invention, if adopted, would reduce the emoluments derived by University College, through the maladministration of the Anatomy Act. This will at once explain the cause of the ill-treatment which I have experienced both from him and the government.

I will resume upon these facts in my next letter.

I have the honour to remain, my Lord,
Your most obedient humble servant
W. ROBERTS.

6, Old Fish Street, Nov. 18, 1840.

SPIRIT OF THE MEDICAL PRESS.

FATAL INFLAMMATION OF THE BASILIC VEIN, AFTER BLEEDING.

MISS W., 40, was bled in the right arm, for severe pain in the head. On the fifth day after, the pain returned, with fever. Pulse 120. The vein tender and painful, leeches were applied, with relief. On the ninth, so much increase of fever, a physician visited, and I was requested to see her. Just above the puncture, heat, tenderness, and tumour extended up on the inner side of the arm, with extreme irritation and tenderness in the axilla. Opiates, diaphoretics, and aperients, with poultices, fomentations, and leeches, formed the treatment.—On the 12th, the pulse 90. Feelings much relieved. Tongue clean, head clear.

A small globule of pus appeared at the opening in the vein. Half a grain of opium every six hours gave much comfort and relief.—13th day. Was attacked with a peculiar and most excruciating pain, described as just within the left ribs, checking inspiration. My friend, Mr. Barrow, directed cupping, leeching, and proper medicines. At night, the arm cold, clammy, and benumbed, the pulse fluttered and intermitted, at 140. The corded inflamed vein, now very manifest, the violence of pain was in the chest, towards the right side, an anguish and misery impossible to describe. She observed she had now pain and difficulty in swallowing. I witnessed an effort to swallow a little coffee, which incurred great distress.—14th day. Pulse 130. Anguish in the chest extreme. Tongue coated with moist brown fur. Venæ. ad $\xi x i j$ alleviated pain, and rendered respiration more free. She fainted, but revived. The physician visiting, and hearing of the relief felt, removed the bandage, and allowed more blood to flow. Syncope returned, from which she scarcely recovered; rallied a little, spoke incoherently, but soon after expired.

Post mortem.—On examination we found the heart externally healthy; the serous lining within the right auricle, ventricle, pulmonary artery, and right axillary vein, of a uniform very dark red colour, as if inflamed, yet no trace of effusion. The semilunar valves in the pulmonary artery, like the cavity of the vessel, were of the darkest red colour. The left cavities of the heart exhibited similar appearances, only in a less degree.—From the lower surface of the left lung, recent fibrine and serum had been effused. I filled the arteries of the limb with fine injection, and found the puncture in the cephalic vein was small, and the vessel filled with coagulated blood for two inches above and one below the opening, beyond which this vessel appeared healthy; the basilic vein, from the puncture, up the arm, was firm, and hard as a cord, its coats much thickened, and covered with an infinite quantity of minutely injected vessels. The cellular and adipose membrane surrounding the vessel was condensed and consolidated by effused fibrine. The canal appeared to be filled with coagulated matter quite up to the axilla; where cut across, I found it impervious, partly filled with black coagulum of blood, partly occupied by a lighter coloured, soft, transparent matter.—The vein laid open, the inflammation of its coats, and consolidation of contents, had apparently been greatest near the puncture, along the median and trunk of the basilic. The lower part of this vein contained pure and compact fibrine. Higher up the arm, the texture of the fibrine was looser, and formed into separate masses, the intervals filled with a still softer mixture of blood and pus. Above this, the coagulated matter was tinged with red blood, and at the upper end of the vein, the coagulum was principally dark blood, mingled with pus.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, February 19, 1841:—

Nicholas Lockyer Dolling.
John Edmund Currey.
James Stephens.
Charles Carpenter.
Henry Gibbs Dalton.
Frederick Bird.
Charles Henry Butler Lane.
Edward Caie Tyte.
Alexander Cummings Air.
Charles Thomas Davenport.
Henry Montague Champnes.

TO CORRESPONDENTS.

MR. W. DARBY is informed, that until 1815, the Apothecaries' Company was merely an incorporated trading body; but the act of parliament obtained by them at that period, gave them that status and power which they at present enjoy, and which, for nearly a century, they had been endeavouring to obtain. Whether medical education has been improved by the examinations at the "Hall," is a question which will be best answered by Mr. Darby's own experience.

We beg to inform our correspondent L. C., that lithotomy was known to, and practised by the Egyptians; and, no doubt, by the ancient Greeks and Romans; as may be readily inferred from viewing certain surgical instruments which were, some years ago, dug from the ruins of Herculaneum and Pompeii, and now deposited in the Museums of Portici and Great Russell Street, London. Baron Heurtloupe and Dr. Civiale were the revivers, not the inventors, of this mode of crushing the stone, and extracting it from the bladder; indeed, we do not see much merit in the revival, considering that descriptions of, or rather allusions to, the operation, have been handed down to us by several ancient authors;—moreover, the shape, size, and general appearance of the instruments exhumed from the buried cities above alluded to, will at once indicate their uses to any man acquainted with the anatomy of the urinary organs. It seems that the Egyptian operators had a better mode of performance than has been attempted to be revived by our learned Baron and Doctor. So soon as the stone had been sufficiently broken down by the drill and forceps, the urethra being still kept distended by means of a wide catheter or canula, the bladder was filled with air from a pair of bellows; the operator's fore-finger being then passed up the rectum, a sudden jerk was the means of ejecting the triturated contents of the bladder through the urethra, and from the external orifice.—On a future occasion, we shall give a more minute account of this operation, which was practised by the priests of Isis, who were the medical practitioners of that country and period.

MR. G. ROBSON'S communication has been received, and is under consideration. Authors and Publishers will, in future, find immediate attention paid to their favours; it is particularly requested, therefore, that all communications be addressed to the Proprietor, MR. T. BAILEY, at the Office, No. 10, Wellington-street North, Strand, before Monday evening of the week in which it is desirable that any work should be noticed.—Advertisements ought to be sent by Wednesday morning to insure insertion.

THE MEDICAL TIMES.

HOUSE OF COMMONS.

Friday, Feb. 19, 1841.

SIR FREDERICK POLLOCK presented a Petition from the President and Censors of the Royal College of Physicians of London, stating, among other things, that the abolition of the grades or distinctions now existing in the Medical Profession, would tend to degrade that profession and impair its usefulness; and praying that the Bill now before the House might not pass into a law.

SIR GEORGE STAUNTON presented a Petition from the Royal College of Surgeons of Edinburgh, against Mr. Hawes' Bill, stating, that so far from amending, it would only injure the condition of the Medical Profession.

SIR R. H. INGLIS begged to ask the Honourable Member for Lambeth, to what day he proposed to postpone the second reading of his

Bill for reforming the Medical Profession? for it appeared impossible that it could be read a second time that night.

MR. HAWES said, that he had stated to the parties concerned in the Bill,* that it was his intention to postpone the second reading of it, but he would take the present opportunity of stating that he had made up his mind to strike out all those clauses of the Bill which related to Chemists and Druggists.

The SPEAKER said, that the clauses relating to the Chemists and Druggists related to trade, and therefore ought to have originated in Committee (a laugh). It would be more in order, if the Hon. Member were to withdraw the Bill, and re-introduce it in a new shape.

MR. HAWES replied, that so far as he was personally concerned, he was happy to adopt the course pointed out by the Speaker. Under the circumstances, he would, therefore, ask permission of the House to withdraw the Bill, and introduce an amended one. Accordingly, on his motion, the Order of the Day for the Second Reading of the Medical Profession Bill was discharged.

Thus, at the nod of the Speaker, backed by a slight opposition, raised upon most unjustifiable grounds, are all our hopes, and the dearest interests of the people, prostrated to the ground.

Is it not a notorious and positive fact, that even Sir A. Cooper, with all his professional talent, could not have presented a bill for medicine to any patient without being liable to legal prosecution (for such is the nature of the present act of parliament); whilst any chimney-sweeper, grocer, dustman, or scavenger, provided he can accumulate a little money for the furnishing of a shop with drugs, can, with legal impunity, dispense medicine, prescribe for patients, and assume for himself the right of attempting to set broken limbs, reduce dislocations, maltreat hæmorrhages, mangle human bodies, and destroy the lives of individuals by wholesale? Medical Reform is no party political question, and will any member of parliament presume to assert that such things as we now state should any longer be permitted to exist?

What could Mr. Speaker mean by saying that the clauses relating to the Druggists should have originated in Committee, when this said Bill is, or should be, the offspring of the Committee of Inquiry of 1834, touching Physicians, Surgeons, Apothecaries, and Druggists?—How could the Speaker, knowing these facts, or ought to have known them—conscientiously advise these most important clauses to be struck out? and how is it that Mr. Hawes so readily followed his suggestions—that such a sudden light has burst upon his mind!

MR. HAWES has either acted most ignorantly or most wickedly in withdrawing these most essential clauses of his Bill, the tendency of which was to protect human life; and if he had not sufficient fortitude or knowledge to support, against a transient opposition, what he ad-

* Parties concerned with the Bill!—what does the Honourable Member mean?—does he mean that the Druggists are solely and exclusively the parties?

vanced, he certainly had no right to tantalize the public with false expectations, and trifle with the lives of the community. Let us see what Mr. Wakley says respecting this in his last 'Lancet'—"That chemists and druggists have acted with *becoming judgment* and spirit, in assembling and adopting the requisite means for protecting their rights and interests. They constitute a wealthy and intelligent portion of the community. We hesitate not in saying, that no measure ought to be executed which is calculated to withdraw from the chemists and druggists of this kingdom any of the proper rights and privileges which they now enjoy. Nay, we go further, and willingly contend that their present position ought to be strengthened, and the number of their existing advantages increased; but when these gentlemen contend that they ought to be permitted to practise as physicians, surgeons, and apothecaries—to execute all those high functions which can only be discharged with advantage to the public by competent and experienced persons, by men of research and learning—they are asking for a right which an intelligent public cannot sanction."

Now, we contend, whilst Mr. Wakley implies crimination to Mr. Hawes, he is also criminating himself, for his apathy and total negligence of duty towards his medical brethren, who have elevated him to the post of distinction where he now stands, in not having these six years past introduced a Medical Reform Bill, nor having had the courtesy, as yet, to submit copies of his bill, which he now talks about introducing to the House this session, to the inspection of the medical profession generally. Mr. Wakley, in the quotation which we make, first soaps and belathers with flattery the druggists, and then timidly attempts to bastinate them.

We have had enough of jugglery from some of the present members last session with regard to the removal of medical abuses; we have no particular bias in favour of parties or factions—the cause intimately and universally supplicates human life.

The fact is, that too many of the Whig Radicals are very hungry after places—thus, whilst they bluster about this thing, or that thing, they are in the long run most obsequiously obedient in playing into the hands of ministers. We will even venture to predict, that even the clauses with regard to the election of the councils and medical boards will be abolished—and if any thing is done, the result will be that Mr. Warburton's, Mr. Hawes's, and Mr. Wakley's Bill will amount to the mere registration of practitioners, their taxation with no corresponding unanimity—and the preparing of a few snug berths for the increase of ministerial patronage.

The British Medical Associations cannot be depended upon, their leaders are mere tools to Wakley and Warburton's designs, and the Whig cabinet, who have shares in the North London University College—the same pollution contaminates them as contaminates too many of the Whig Members of Parliament.

Lastly, this is a momentous question which we now ask—Is there not a sufficiency of talent, of inclination, of moral duty amongst the members—and are they not sufficiently alive to their own just rights to immediately propose a Bill (let a small association be formed for this purpose,) so as to have it ready to be produced before the House—and is there no honest Member of Parliament who will stand up and support the same in a straightforward manner?

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 26th, 1841.

A paper by Alexander Ure, Esq., was read, on Gouty Concretions, with a new method of treatment, in which the author's intention was to introduce to the profession a remedy, which he believed to be likely to prevent the formation of tophous concretions in gouty subjects. The remedy in question is benzoic acid, administered in doses of a scruple, an hour after a meal.—“In the course of a couple of hours (as the author had found by frequent experiments, made upon himself and others), the urine voided, amounting to five or six ounces, will be found, on adding a small quantity of muriatic acid, to yield a copious precipitate of beautiful rose-pink acicular crystals, which weigh, after being allowed to settle for a day, about fifteen grains.” The body thus produced by the agency of vital chemistry is hippuric acid, and is found to have taken the place of uric acid in the urine, none of the latter being discoverable.—By thus substituting hippurate of soda, a salt of easy solubility, for the very sparingly soluble urate of that alkali, the author conceives that the formation of the tophous concretions may be altogether prevented.

Mr. Ure stated, in answer to questions, that he had employed the plan recommended in his paper in two or three cases with decided success. He had not found the dose, twenty grains, to be at all too large, and had frequently taken it himself without any unpleasant effects.

Mr. Coulson thought the quantity of benzoic acid, mentioned by Mr. Ure, too large a dose to exhibit, or, at least, to commence with; he was occasionally in the habit of giving this medicine in purulent secretion from the kidney, for which affection it was a valuable remedy, but he never began with a larger dose than three or four grains.

Dr. Kingston remarked, that the class of remedies to which that recommended by Dr. Ure belonged was one of much importance. Gouty persons were liable to concretions, not only in the joints and bursæ, but also in internal organs; the obstruction of which, if not more inconvenient, was far more prejudicial to life; as, for instance, the aorta and valves of the heart. Independently, also, of gout, there was a calcareous diathesis, under the influence of which he had often known a great number of organs at once occupied by concretions, extensively encroaching on their structure. If concretions of the joints and bursæ could be removed by one chemical remedy, we might hope to find some other of this class capable of removing the internal calculi.

DISTRESSING ACCIDENT AT INVERARY.—Dr. Anderson, a highly esteemed and venerable practitioner in that town, had occasion to be on the quay, and had been for some time conversing with several of the inhabitants, when he was suddenly missed. It appeared that a strong gust of wind had blown him off the quay, and his cloak had got round him so firmly, as to prevent his making any efforts to save himself. Dr. Anderson was 89, and had practised in Inverary for 45 years.

ON THE PRACTICE OF MEDICINE IN THE WEST INDIA COLONIES.*

BEING in company, one evening (in George Town), with a son of Esculapius, our conversation turned on medical subjects, the relative success of medical practitioners in the colony, &c. He deplored very feelingly the treachery and disappointments attending the practice of the art,—said he had gone through all the required formalities in a regular manner, for completing himself for practice, and studied under such and such professors in Edinburgh, &c. I thought him rather pompous in his pretensions, when he talked so largely about the Colleges, and called over the names of so many great men, as if he would associate their names with his own.—“Notwithstanding,” he continued, “all these opportunities and acquirements, from which I anticipated certain success in combating diseases, I have, on the contrary, experienced the greatest disappointments in the loss of my patients.”—Why this occurred he could not tell; for he had treated them upon the same principles, and pursued the same routine which he had been taught at the University. He concluded by saying, that he was *disgusted* with the practice of medicine.

Soon after the conversation in question, I penned the following notes, which I now transcribe for the columns of the *Medical Times*.

It would seem, that some practitioners there are, who were never designed by nature for the professions of physic or surgery. There is a sort of natural inspiration called genius, which adapts men to certain pursuits. This gift of nature is that which placed Newton on the highest pinnacle of fame for mathematics, and Milton for poetry. It is not probable that either of them would have made an extraordinary figure in the world, had their pursuits been inverted; but each happily made choice of that for which nature had fitted him. In order to proficiency, we must hit the natural bent, or that pursuit which the mind can best love and cultivate, viz., that, and that alone. At the same time, it is not to be doubted that industry and perseverance may do much, and in a great degree compensate for want of genius in any art or calling; but it is only by such industry that a man can beget a love for the pursuit which was not natural to him. “*Altera natura usus est.*”

After all, however, we must not dissemble that these professional faults originate in a great measure in the medical schools of Europe. Among other opprobria of the medical profession, a fundamental, specious, and insidious evil exists, and is most obnoxious to the progress of medical science. Certain institutions exist, bearing the epithet of Universities—“*Quasi errores universales*”—as if they were universal errors—which serve little or no purpose but to clothe ignorance in the garb of science, and falsehood in that of truth;—more destructive even than downright quackery, because the latter can be known and avoided. Happily, there are a few scientific institutions not governed by a spirit of venality, maintaining independence of character, and devoted to the cause of real science; but the greater number are calculated, like Pandora's box, only to diffuse poison around the world.

The medical practitioner may have marched, like many others, through the university, attended lectures, the usual routine of medical studies, &c. All this is good and requisite; yet it is only to be considered as a stepping stone to the knowledge of physic. Unfortun-

nately, it is thought quite sufficient, in general, to form the complete and accomplished physician; and there lies the cause of such numerous disappointments.

The title of M.D., tacked to the names of young men, frequently proves a great evil; as they are thence disposed to presume that they know everything, and that their knowledge is all sufficient; whilst in reality they are quite destitute of the practical and extended knowledge which they ought to possess. It tends to make them presumptuous, arrogant, vain, and disdainful of instruction. They have studied under such and such a famous professor; reason and common sense must therefore give way to the “*magni nominis umbra!*”

The young medical man comes out armed, perhaps, with his diploma, full of confidence and certain rules or dogmas laid down, in his own head, for practice; he expects that every disorder will fly before his magical wand; his friends extol his acquirements; he is considered a prodigy; and all are ready to place their lives in his hands.—To his astonishment, however, his patients die one after another, as frequently as they might do without any medical aid, or more so; yet no one suspects where the fault lies—the Doctor is regularly bred—he comes often, gives plenty of medicine—and all of course is right, whatever happens. If he be a man, too, of pleasing address, kindly behaviour, and withal pays much attention to the ladies, so much the better;—although the more he displays in this way, the less of real science he possesses, it may in general be fairly presumed. And then when he talks big, struts and utters a few hard words, the ignorant of both sexes admire his talents, pour out his praises: he becomes invincible, an Adonis and an Oracle at once;

“And thus his fortune made is,
If he but please the ladies.”

If he pursue steadily this plan, it will bring him both fame and fortune, of which he may be as deserving as Baalam's ass. He, however, will make himself very easy; he loses nothing; it is his patients who pay with their lives for his gain of experience.—It would, indeed, be some consolation, if he were to profit by experience; but too often, these gentlemen take no time to reflect, losing nothing by their failures, and having other pursuits uppermost, or no other aim but the insuperable love of gain. Not that I deny that to seek for a livelihood, or for a fortune, is fair; but then it should be sought for in an honest way.

The ignorant members of the profession are often known by their egotism and bombast. They are vociferous, conceited, and talkative, and thence called by the French *charlatans*. They are very positive in their opinions, and authoritative with their patients. There is no tyranny, perhaps, more abominable than that of a dogmatical physician, unless we except that of priestcraft and the Inquisition. They forget that all arts and sciences are progressive, and that nothing is capable of perfection in human minds, and especially the intricate and hidden art of physic.

It is lamentable, that men should suffer themselves to be thus cheated out of their senses and their lives by the idle fancies and pretensions of a senseless fellow who happens to have a *diploma*; a high sounding term, of which, perhaps, he has no idea of the meaning and etymology; but, no matter, he has obtained it by dint of some good grindings; for this is the phrase now-a-days in the Esculapian manufactory.

The passion for novelty and change holds a sovereign sway amongst the ignorant. The coloured and black population in the British and West India colonies are ever fond of a

* How far the statements contained in this paper are applicable to the profession in Great Britain, the reader will not be at a loss to perceive.—Ed.

change of their doctors; and the whites are not free from such mania. Thus, a novice is often preferred to a person of tried and approved experience. A physician of the longest experience in the colony is dismissed to make room for a man of no science and no knowledge of the diseases of the country, nor of the nature of diseases in any country. The diseases even of the West Indies Islands, it should be observed, differ very considerably from those of the continental colonies. It requires not a few, but many years, with the best talents, and studious application, to acquire such practical acquaintance with their nature, as to enable a physician, or surgeon, to practise with success. It may be said, however, "*a barbe de fol on apprend à raser*," or, a barber learns to shave on the chin of a fool. However well this may do for *learning to shave*, it becomes a cruel maxim when applied to the *practice of medicine*; for the public at large are unable to form a proper judgment of the capability of every man who presents himself for practice.

The legislature should take the subject under their serious consideration. This is a matter of right, and public justice, and is most urgently called for in the British colonies. But it may be said, we have *medical boards* established for the purpose of examinations. Such boards are a mere humbug—boards, indeed! and almost useless lumber! Whoever has had anything to do with such boards, will require no instances here!

These boards are like their cognomers in Europe;—or merely the test of a good *grinding*, or lesson *à priori*. The candidate is summoned to answer certain questions; after which he, as a matter of course, gets his ticket or credentials, admitting him to the privilege of practising medicine.

It is true here, as in all human institutions, that it is impossible to correct all abuses; but most signal advantages might be obtained by an ordinance of the legislative assembly of each colony, rendering it indispensable, that every man who enters the colony with the view of practising medicine, shall reside with, or under the immediate superintendence and control (either as assistant or partner) of some medical practitioner of long standing in the country, or of experience in the diseases of hot climates; and that for the term of two years at the least, before he shall be permitted to take practice on his own account;—allowing of exceptions only for those who have practised medicine in other colonies, or in tropical climates.

Although some of the auxiliary branches of medicine have been much and laudably advanced in modern times, and our pathological doctrines rendered more rational by the cultivation of anatomy and physiology, yet I do not consider that the practical and really useful parts of medicine are better or more successful than they were in the times of Celsus and Aretæus; or even so far back as the days of Hippocrates. The best laws and regulations are good for nothing unless applied in practice. Many young men of the faculty stock their heads with Chemistry, or "Keemistry," as some of them call it, and talk much of Sir H. Davy's discoveries of potassium, sodium, &c. Now, however interesting these subjects may be to general science, I cannot see to what important purposes they can be applied in the cure of diseases. Pharmaceutical chemistry, or that applicable to the purposes of medicine, is an indispensable requisite; but a medical man attempting to enter the labyrinths of the profound and speculative parts of chemistry, and to sound the minutiae of the science, must make a sacrifice of time which ought to be devoted almost exclusively to his profession.

If in a medicinal compound of several articles, a reaction of some of the particles takes place, it is rejected as unchemical, however effectual it may have been found in combating disease. Now, I should contend, that an approved remedy ought not to be rejected on such grounds, even though the greatest decomposition do ensue; for perhaps its efficacy may depend on this very circumstance, viz., on the new compound formed. It is pleasing, indeed, to see a homogeneous and uniform mixture in pharmaceutical composition, but we should not sacrifice the life of a patient to elegance.

Sir Richard Blackmore has well observed, "All our knowledge, of any value, must be derived from observation of effects, not from proximate causes, of which, in truth, we know nothing: we are totally ignorant of the real nature of vitality, of sensations, of ideas, or of the essence of matter. Newton being once asked how he was enabled to step forward when so disposed, and why his arm and his hand obeyed his will; honestly replied, that he knew nothing about the matter. We are not to expect such candour from conceited and ostentatious pedagogues, who think there are no limits to the human mind;—for such reasons our medical schools are, I am sorry to say, to be considered generally as the nurseries of ignorance under the mask of philosophy."

J. H.

HIPPOCRATES ON CLIMATE, SEASONS WATER, AND SITUATION.

(Continued from p. 247.)

EASTERLY SITUATIONS.

In regard to cities situate opposite to winds blowing from the rising to the setting of the sun, in summer and winter, and the contrary, the case thus stands:—Those exposed to the rising of the sun, are generally more healthy than such as are exposed to the north wind, or the hot winds, even though there should be only the distance of a furlong between them; because, *first*, the heat and cold are more moderate; *secondly*, the waters which are exposed to the sun's rising, must of necessity be clear, well-flavoured, soft, and pleasant to the palate. Moreover, the sun at its rising, shining upon the said waters, does away with all bad effects from the damps (dews?) of the morning, which the air diffuses almost everywhere. In such a situation, the complexion of the inhabitants will be of a clear and good colour; that is, they will be florid, unless some epidemic or other disease prevent it; their voices will be clear, and, as regards prudence and ingenuity, and the avoidance of anger or violent passions of any kind, they will be superior to nations or inhabitants situate to the north, exactly in the same manner that vegetable productions and other matters are superior to those produced in such a quarter. With regard to mild temperature, that is, the due medium between heat and cold, the climate of such a city will resemble the *spring* season; the diseases, too, will be fewer and milder, not unlike those which affect other cities which are exposed to hot winds; and the females will, besides being very fruitful, have very easy deliveries.—Such is the state of a city situate as above described.

WESTERLY SITUATIONS.

Cities exposed to the setting of the sun, as they are protected from the easterly winds, but affected both by hot and cold winds from the north, must of consequence be more sickly than others differently situated; for, *first*, their waters are not clear and wholesome, on account of the air retaining the damps (dews?) of the morning; and these, mixing with the watery fluid, render

it thick and muddy. Moreover, the sun does not shine thereupon, until its elevation is considerable, towards noon. In the summer, too, cold breezes blow in the morning, and the dews fall thickly; till, at last, the sun *setting* upon them, boils, as it were, or rather heats, the inhabitants extremely; they thus lose their colour, and are in general sickly, being liable to all the before-mentioned diseases, without being in any way exempt from them. They, likewise, have deep and hoarse voices, on account of the sickness and impurity of the air, which cannot be much purified by the northerly winds, which either do not reach them effectually, or do not last sufficiently long; indeed, those which do reach them, and continue blowing, are very moist and watery, as coming from the west. The climate of such a city may be said to resemble the *autumn*, as to the number of changes in the same day; which are occasioned by the great difference between the morning and the evening air. Thus doth the matter stand between the *convenient* (healthy) and *inconvenient* (sickly) winds.

THE WATERS OF A CITY.

In regard to this (important) subject, I design to show which are sickly, and which healthy; also, what sort of disorders are to be looked for, and what advantages from, them: for the part which water performs in regard to health, is very great. Those which are marshy, or lying stagnant, in pools, are, in the *summer*, time, necessarily warm, thick, putrid, and unsavoury; for, having no current, but being generally supplied by rain-water, and being exposed to the burning heat of the sun, they must of course be without good colour, bad, and have a tendency to produce bile. In the *winter*, too, they will be frozen, cold, and turbid, with snow and frost, to such a degree, as to be the fruitful cause of much phlegm, as well as of hoarseness of the voice. The spleens of such persons as drink these waters, are always enlarged, and become thickened by obstructions; their bellies become hard, hot, and slender; and the flesh of their collar-bones, shoulders, and countenances, fall away—the whole body becoming emaciated and slender; for the flesh dissolves, as it were, into the spleen (which either acts too strongly, or is in such a state of obstruction and disorganization, as to impede, instead of aid, digestion; the original Greek is *Es gar ton splena ai sarkes Xuntekontai*).^{*} Persons thus affected, are both *voracious* and thirsty, and withal so extremely hot and dry in the upper and lower belly, as to require the *stronger purges*—(alluding, doubtless, to the formulæ of certain drastic purgatives, kept in readiness by the Greek physicians). This kind of diseased action is familiar to such persons, both in

^{*} Modern practitioners, particularly in this country, are but little acquainted with the offices and diseases of the spleen: in countries, however, where the inhabitants are compelled to drink water, such as Hippocrates has above described, enlargement of the spleen and general bodily emaciation are by no means uncommon. The Indians in the interior of Guiana, viz., those who live in the forest lands, or the "*Bush*," (as these interminable forests are familiarly called,) are liable to be thus affected whenever they are compelled for some time to drink the "*Bush Water*;" but, generally speaking, they have sufficient sagacity to avoid it, and to slake their thirst at some running stream. The European foresters, however, are not so careful nor so fortunate; thinking that if the water be at all clear when poured into a vessel, that is, that it be not absolutely putrid or muddy—they use it instead of taking the trouble to go to the stream, and the consequence is, that at length their spleens become enlarged to a size that would scarcely be believed in this country; thus falling victims to their ignorance and carelessness, in the same manner as those alluded to by our sagacious author. One man, Mr. James Fraser, an eminent forester and timber merchant, in Essequibo, had his spleen so much enlarged from this cause, in the year 1830, that the protuberance on his left side was of the size of a quart pot, and his body was reduced almost to a skeleton; in this deplorable and apparently hopeless state of disease, he applied to his friend Dr. Hancock, of George Town, who ordered him to take, by way of enema, three grains of the internal portion of the fruit of the wild or bitter cucumber (*Momadia Operculata*) infused in four ounces of liquid starch. This was repeated four times; and from the smallness of quantity of the clyster, was retained in the bowels without difficulty. The consequence was a very copious intestinal discharge, with immediate abatement of the swelling, which, at the conclusion of the above short course, had entirely disappeared. Health, appetite, flesh, and strength, began to gain ground so soon as the spleen was reduced to its natural size: and Mr. Fraser lived to pursue his arduous labours with energy and spirit until 1831, when imprudent exposure in the forest swamps carried him off.

(To be continued.)

summer and winter; and many dropsies of a very fatal kind are liable to succeed. In the summer, dysenteries, diarrhoeas, and quartan fevers, will occur; which disorders, continuing a long time, will at length change into, and break forth in the form of dropsies, and so destroy the persons who are subject to them. Such is the case in the *summer* season.

In *winter*, the young men will be subject to peripneumony and madness;—the elder, to burning fevers, from the hardness of their bellies; and the women, to swellings and discharges of white phlegm;—the latter will, also, seldom conceive, and they will be delivered with difficulty: their cleansings, also, after their lying-in will not go on as they ought. Their children will be of a large size and bloated appearance; and, in the rearing of them, they will fall into consumptions and a general bad state of health; and, among other things, they will be subject to ruptures.

The male inhabitants of such a city or place will be particularly subject to those ruptures of the veins, which are usually called *varicose* (*varix*); also, to ulcers on their shins;—indeed, such constitutions can never attain longevity, but grow old long before their natural and proper time.

The women will often seem to be far gone with child; but, when their time of reckoning is out, the fulness of their bellies will gradually disappear; this proceeds from that kind of dropsy which affects their wombs.

Such waters as I have been here describing, are, in my opinion, ruinous to health in every possible respect.

(To be continued.)

ON INTESTINAL WORMS.

From a forthcoming Work on 'Inflammation and Fevers,'
By JOHN HANCOCK, M.D.

THAT worms are generated or produced by fruit, is erroneous; the human body is their nidus or natural habitation; but their production or multiplication may be favoured by the augmentation of mucus from fruits, and flatulent inert kinds of food.

The majority of the deaths of the children in the West Indies is referable to worms; and this mortality is the more to be lamented, as by the timely and proper administration of medicine, we have it in our power to prevent it. The subject, therefore, is one of the highest importance in medical practice.

The following is a case of inflammation and gangrene of the stomach, apparently from worms:—I was called to visit a man at Devonshire Castle, Essequibo. He was brought into the hospital the same evening I was sent for. I found him almost lifeless, with extremities cold; and unable to move. He complained of great pain in the stomach. The power of speech was nearly lost; and there was scarcely any pulse in the wrists, or even in the carotid arteries. I learnt that he had been vomiting in the course of the day, and after he was brought in; and that he had thrown up worms. I had him put into a warm bath to restore the heat of the body, and endeavoured to bleed from a vein that had been opened; but little blood issued. As mortification of the bowels was evident, cordials, as opium, ether, and burnt brandy, were given. He expired about three or four hours after. Judging from symptoms, that the evil might have proceeded from something of a poisonous nature, I opened the body about six hours after death. Gangrenous patches appeared on the outside of the stomach; and on opening it, the whole of the villous coat seemed highly inflamed, and within, at the part or patches just mentioned, quite mortified: this extended several inches down the

duodenum. Eight or ten worms (teres) were taken out of this part, and from about the lower orifice of the stomach—in fact, they occupied this diseased portion *only*, and I could find none in the whole of the intestines below, which were sound; so that it appeared evident the worms had been either the sole or chief cause of the inflammation and gangrene.

This case serves to remove doubts respecting the possibility of gangrene from the presence of worms. I do not, however, find worms mentioned by authors as causing inflammation and gangrene of the stomach and bowels. Indeed, when I reflect on a case which fell under the observation of Drs. Allan, Robson, and Self, in George Town, Demerara, there is no room left to doubt, that topical inflammation of the intestines is often the consequence of worms.

The case alluded to was that of a black girl, about 13 years of age, who died after a fever, of a remittent form, of some days.—On opening the body, we found, in two or three places, a number of worms, wound or involved into balls, so as to cause considerable distension of the intestine at those parts respectively; and the intestine there appeared extremely vascular, and engorged with blood, of a bright scarlet redness, whilst the intermediate portions, or all the rest of the intestine, had a natural appearance.

It is remarked by medical writers, that "when worms prove fatal, it is by their erosion of particular parts, or their inducing a tabid state." (See *Dr. Thomas's 'Practice of Physic,'* p. 573.)—I know they kill great numbers of children, but I have never observed anything like *erosion* of the intestines; and emaciation is not common, but rather a leucophlegmatic or bloated appearance; and after a time (perhaps excited by cold and indigestible aliment) a fever approaches, which, when severe, or in peculiar and delicate habits, is often attended with convulsions.

When the vermin prove fatal, it is usually by inducing fever or irritation of the nervous system, through the hurtful impression which they make on the intestines; although in many cases their effects are scarcely discernible on the intestine on dissection, as in that of a little girl of three years old, who died after several days fever. On opening the body, I found many worms; the intestines showed traces of inflammation in several places, but these were very slight, and it excited my surprise at the time, that so slight an inflammation should occasion death without advancing to a higher degree of intensity. The child, indeed, had complained of no severe pain of the bowels; but I expected to find more marked *organic derangement*. I had not then considered the subject with attention, and was not aware how small a lesion may kill by a slow and gradual operation on the nervous system, or rather on the living system of nerves and blood-vessels, parts so essential to life. It does not, however, seem strange, when we reflect how quickly an active, or vehement enteritis will put a period to life.

Worms in the *stomach* often prove fatal in this country, not only to children, but to grown persons, either by suffocation, or by inducing convulsions; principally in the latter way with children. Purges and vermifuge medicines are then chiefly resorted to for the cure, but in vain, for they give no immediate relief. The disorder having risen to such height as immediately to endanger life, it becomes requisite to employ such means as will at once expel the offending vermin; and in this case vomiting is the only means that can effect the desirable object, and avert impending death. I think emetic tartar is the best. Take gr. v. of emet. tart., dissolve it in half a pint of warm water, and add two

teaspoonfuls of spirits of lavender. Give one table-spoonful, if an adult, and repeat the dose once in twenty minutes till vomiting ensues, then give several cups of warm water. It would be better, perhaps, to give two spoonfuls for the first dose, to hasten the process, particularly if the case be urgent.—For children, reduce the dose agreeably to the age and strength. This process should be followed so far as to stimulate the stomach to strong efforts, or induce pretty severe vomiting. In case, however, the vomiting should continue violent, or be judged alarming, it may readily be checked by giving a dose of laudanum, and, if at hand, a few grains of musk, particularly if any spasms should follow the operation of the emetic.—The same process may be repeated on the following day or sooner, as symptoms may require.

By these means the worms which occupy the stomach will be discharged, and symptoms of instant danger disappear. But it will often happen that great exhaustion or debility will be present after the vomiting: this will require the use of some stimulant and nourishment, often repeated in small quantities, such as panada or oatmeal gruel with a glass or two of good wine stirred into it, and sweetened. Afterwards, the usual medicines may be employed for expelling worms by stool.

I have often observed the extraordinary good effects of oil of turpentine. In two desperate cases of worms in children, this brought away a surprising quantity.

It is reported, however, that some children have died seemingly from the use of this remedy; and I think this not improbable, from the usual mode of administering it. We know its action on the animal fibre is similar to that of cantharides; and, given without proper dilution, it may inflame the stomach and bowels, and cause a stoppage of urine, and death. Applied to the skin, it causes vesication. It would also vesicate or corrode the stomach and bowels, but for the mucous or slimy substance which always, more or less, lines their surfaces.

We will suppose a child of delicate fibre has a spoonful of the spirits of turpentine poured down its throat, and, from the purgatives it has taken, that the chyme, chyle, and mucus of its stomach and bowels have been carried off in such manner, that there is little left to mix with, or blunt the acrimony of the turpentine. The results must, in such case, be analogous to its effects when applied to the skin—viz., to inflame and irritate the stomach, the bowels, and organs of urine, and to re-act on the whole nervous system to such a degree, perhaps, as may have at times proved fatal.

It may, however, be safely given combined with oil, in the proportion of one of turpentine to three of castor-oil. Of this mixture, a table-spoonful may be given to a child of three or four years of age, altering the dose according to the age and habits. It proves a most efficient vermifuge; acting quickly, causing no signs of irritation, and being thrice diluted, there can be no apprehension of its vellicating the mucous membrane; but then, it may be said, it must act the less powerfully on the worms. I can only say, that it expels worms more effectually than when the two articles are given separately, and with more certainty than any other remedy that I have ever tried; unless we except the *spigelia anthelmia*,* which requires rather more caution.

The way, then, to prevent such accidents, as

* Not long before I left Guiana I learnt that this plant grows abundantly in that colony, especially in Essequibo, near Capony, and also on the eastern coast of Demerara. Botanists state that it, as well as the *Spigelia Marylandica*, to be a native of the Northern States of America. It is best given in infusion of two drachms to a pint of hot water, to be exhibited to adults, in divided doses of two or three spoonfuls, every two or three hours; and after several doses, two ounces of Castor oil may be administered. To render the whole effective, a spoonful of Oil of Turpentine may be added to the oil. Gowage is much used in the West Indies as a common and effectual vermifuge.

mentioned above, is to give the turpentine with oil (either the castor oil, or that of olives), with which it unites, as perfectly as two portions of oil unite with each other. No drink should be taken till two or three hours after, when the remedy will have passed out of the stomach. Then diluents should be given freely, especially good barley-water, which will contribute to carry the vermin downwards, and tend also to soothe the organs of urine. Some gum arabic and a little liquorice or sugar may be added with advantage to the barley-water.

We hear people talk of diluting the turpentine with milk, honey, syrup, &c. This is fallacious; they may as well attempt to mix it with water. It is not miscible with any of these, and its acrimony is not blunted by it. The oil of turpentine, on the contrary, mixes perfectly with oil; and by this means it is in a manner fixed and carried down along the intestine; whereas, without such combination, the turpentine being light and volatile, might be partly vaporised or diffused over the coats. This may serve as a reason why the two remedies should act better when previously mixed, than when given separately.

The same may be observed of the native laurel oil, or siruba, which acts in a similar manner in those cases, but is less acrid and heating than turpentine. At the same time, it is antispasmodic, diaphoretic, and resolvent; its influence exerting a new action through the whole system, and thus subverting local inflammation.

When the siruba is given in an alterative course, the patient should wear warm clothing, avoid all strong liquors, and live on a farinaceous diet, as rice, panada, barley-water, &c. —I should here mention the Lumbricera, or worm bark, which is abundant in Orinoko. A large tree of it stands opposite Angostura, just below the landing on the Barcelona side. The dose, it is said, requires caution. The fruit is of the shape of an egg; it is doubtless a species of geoffroya. There is also a plant called worm-grass, in Demerara, and pajote or passote, in Orinoko, where it is in common use as an anodyne, in colic, or spasmodic pains of the stomach or bowels, also as an anti-emetic, carminative, and stomachic. It appears to be a species of santonicum. Although common about the plantations, I am ignorant whether it be indigenous in Guiana. —I presume its utility against worms must be referred to its preventive power, rather than as destroying worms; viz., as a stimulant, tonic, and stomachic. It is given to children in the form of tea or infusion, sweetened with a little sugar. It increases the appetite, and reduces those flatulent tumid bellies of children, so common there, from the use of too large a proportion of vegetable aliment, fruit, &c.

The garden mint has similar if not greater efficacy in these disorders. It was found a very active vermifuge by Mr. Alstein, and is especially useful in cachectic disorders, dropsy, mal d'estomac, &c., and for children with worms and distended bowels, may be given conjointly with preparations of steel. Fomentations with rue and wormwood are greatly recommended by Dr. Musgrove in intestinal irritation, with that fever commonly called Worm Fever.

APOTHECARIES' COMPANY.—From the establishment of this Company, in 1815, to the month of August, 1840, the sum of £67,980 has been received by it as fees for licenses to practise, being at the rate of £2,600 a year.

ROYAL COLLEGE OF SURGEONS, LONDON.—At a meeting of the Council on Monday last, J. M. Arnott, Esq., of the Middlesex Hospital, was elected a member thereof in the vacancy occasioned by the decease of J. Howship, Esq.

FUNERAL OF SIR ASTLEY PASTON COOPER, BART.

THE remains of this eminent Surgeon were conveyed from his house, in Conduit Street, on Saturday Morning last, at 6 o'clock, to the Great Hall or Dining-room of Guy's Hospital, in the Borough of Southwark; and so great was the public curiosity to witness the last honours about to be paid to them, that by the hour of noon, a dense mob of well-dressed persons was collected in the Court Yard and around the Gates of this celebrated establishment. By one o'clock a great portion of those who had been invited as spectators, as well as of those who were to form the procession, arrived, and proceeded to view the coffin of the deceased, which was covered with the finest black Genoa velvet, and ornamented and divided into panels, with silver-gilt nails; the handles were richly chased, and the coffin plate bore the following inscription, surmounted by his Armorial Bearings on two shields:—

SIR ASTLEY PASTON COOPER, BART.,
G.C.H.
Died, February 15th, 1841,
Aged 73.

Over the head of the coffin was thrown a rich velvet pall surmounted by splendid plumes of ostrich feathers, and on the lower end were displayed the orders of knighthood and merit acquired by the illustrious individual enclosed within it; these consisted of three splendid stars of the Guelphic Hanoverian Order, as well as of the chain and ribband of the same; also of the cross and other insignia of the Legion of Honour, presented to Sir Astley by Charles the Tenth, the late King of France. The Hall was tastefully hung with black cloth, and the whole arrangements did much credit to Messrs. Taffnell and Holland, the Undertakers.

By two o'clock, those gentlemen who had been invited as mourners, were marshalled in an adjacent room, and arrayed in their black scarfs, hat-bands, and gloves. In the meantime, the extensive Court Yard had become densely crowded with ladies, gentlemen, and others, who were anxious to obtain even a glimpse of the funeral procession from the Dining-room to the Chapel, which lies on the opposite side of the quadrangle. The Chapel-door was besieged by persons anxious for admission; but, by the excellent arrangement of of the Hospital Steward, all confusion was avoided, and so far as personal accommodation could extend, no persons were disappointed. By three o'clock every seat in the galleries and the body of the chapel (except those reserved for the mourners) was occupied by numerous ladies, by the Medical Students of the United Hospitals of Guy and St. Thomas's, by the practitioners of the metropolis generally, all of whom were habited in the deepest mourning; the bottom of the chapel and the passages were crowded by persons who were glad to obtain even standing-room to witness the interesting ceremony. At a quarter past three, the funeral procession began to move; the pall-bearers were Sir Robert Inglis, M.P., Mr. Justice Coleridge, Messrs. Benjamin and Matthew Harrison, Mr. Justice Pattison, Sir H. J. Pelley, Dr. Franks and Mr. Guthrie. Chief Mourner, Sir Astley Cooper, Bart. Among the mourners were Drs. Addison, Bright, Young, D'Oyley, Babington, Owen, Pope, and Chambers; Messrs. Bransby Cooper, Callaway, J. Paterson, Ring, Cock, Aston Key, Hilton, Rickford, Balderson, Tyrell, Purnell, Cooper, and Rede, and the Rev. J. Yelloley, B. Cooper, Rede Rede, R. Board, and L. Cooper.—The service was performed by the Rev. Mr. Travers, Chaplain of the Hospital,

and the coffin was deposited in the vault beneath the Chapel; and seldom has a funeral been witnessed in the metropolis, in which decorum and proper feeling were better preserved.—For a considerable time after the ceremony, the court-yard of the hospital, and the adjacent streets, continued to be filled with spectators.

We understand that Sir Astley has left his splendid museum to his nephew, Mr. Bransby Cooper, but with the provision that it shall ultimately become the property of the medical public.

OBSERVATIONS ON ABDOMINAL TUMOURS AND INTUMESCENCE,

ILLUSTRATED BY CASES OF DISEASED LIVERS,
BY R. BRIGHT, M.D., F.R.S., &c.

[From the Guy's Hospital Reports.]

IRREGULAR TUMOUR OF THE LIVER FROM MALIGNANT DISEASE.

DR. BRIGHT observes that the different forms of malignant disease must be considered amongst the most common sources of hepatic tumour. We frequently find the liver alone the seat of such disease; but, on the other hand, we still more frequently have instances of the successive or simultaneous attack of several organs. When the disease is confined to the liver, the situation of the tumour is most easily ascertained; for as there is no complexity of diseased organs, we are of course less liable to be led into error; but the nature of the disease is often more easily ascertained when other parts are affected; more particularly such as present facilities for external examination, as the mammae, the uterus, or the superficial glands; which are all very frequently implicated, and, being far removed from the liver, afford no room for confusion; and the very circumstance of the organ being involved, strengthens the probability of the malignant nature of the disease. On the contrary, however, the greatest sources of difficulty, as to the situation of the disease, occur when the right kidney, the ascending colon or its arch, the stomach, the pancreas, or the peritoneum, are involved in the same disease with the liver.—Malignant disease varies considerably in the forms it assumes; but in general, when developed in the liver, shows itself as rounded masses or tubera, approaching more or less to the spherical shape. Dr. B. regards the malignant growths as generally originating in the cellular membrane connecting the essential portions of the organs in which they are found; often, at first, merely displacing the structures which are employed in the proper function of the organ, and interfering therefore but little with its duties; but ultimately entering so minutely into these structures, as to effect an apparent conversion, or an obliteration of the whole. Three very distinct varieties present themselves;—cerebriform disease, and that running into fungus hæmatodes; the hard scirrhus; and the melanosis. Or perhaps the hæmatoid form of the disease might deserve a separate place; making, in that case, four varieties.—Of these, the cerebriform, with or without the hæmatoid, is often the most rapid in its growth, and forms the largest and most distinct tumours in the liver; next to that, the melanosis; and the scirrhus, though apt to attack a great many points simultaneously, is the slowest in its progress, and often the least easy to recognise as a distinct irregular tumour.—Dr. Bright relates three cases of Cerebriform Growths in the Liver, which we must pass by, contenting ourselves with only the following note of them;—that all three of the patients had been invalids, and suffering from abdominal pains for that length of time, and some with severe occasional aggravations; and in each, the attack which preceded death, and in which the hepatic tumour was first detected, was one of intense pain in the right hypochondriac region. They all died worn out by exhaustion and suffering.—The disease had, in each, shewn itself by tubera of considerable magnitude; and in two, had shown a tendency to attack the glandular structures about the head of the pancreas and the pylorus; and had not in any case displayed itself by affections of the serous membranes, which we

and very common in the most strictly scirrhus form of disease.—The next case is one of Tumour of the Abdomen, from Scirrhus Tubera in the Liver—Peritoneum and other Organs affected.—The next—Liver converted into a Scirrhus Mass, contracted as to form no External Tumour.—Ternus scirrhus.—We introduce the next.

CASE.—Scirrhus Tubera of the Liver.—Mamma and Ovaria diseased.—Mary Read, aged 55, was admitted, under the care of Mr. Morgan, with scirrhus of the right mamma. She was unmarried, of sallow complexion, and spare habit. Ever since she can remember, even when young, she had a small hard tumour under the right nipple, occasionally accompanied by pain. Menstruation always regular, to the present time. Within the last three years the tumour has increased; with more pain in the part, and derangement of the general health. The breast very hard, moveable, and, in some parts, seems to contain fungoid cysts. There is manifest irregular hardness in the region of the liver; and therefore no operation was admissible.—She shortly became the subject both of ascites and anasarca, and died March 6th.

Section Cadaveris.—The liver was seen of great size, and universally pervaded by carcinomatous tubera, from the size of a grain of rice to that of a plover's egg. They all assumed a spherical shape, forming circular spots upon the surface, which, in most parts, touched each other, and in some, pressed each other out of shape, occupying a very large portion of the surface. The circular patches were of a whitish flesh colour, depressed towards the centre, and scarcely elevated at their circumferences, and marked with radiated vascularity, protruding from their centre. They were harder and more elastic than the surrounding liver; but could not be completely separated from it, as their edges, though defined to the eye, seemed to be not only strongly attached, but actually to amalgamate with the liver, as if the morbid deposit were insinuating itself between the acini. The liver itself was rather soft, of a light colour, and some parts stained with bile. The coats of the gall-bladder were about a quarter of an inch thick, somewhat resembling a scirrhus stomach, and very much contracted.—The left kidney had a fungoid growth upon its surface. In the left ovary was a well-marked apoplexy of a Graafian vesicle; in the right ovary, a fungoid growth. The lumbar glands partook of the malignant disease.

The two succeeding cases are samples of Melanosis—the first, large irregular tumour, from melanosis of the liver—the second, melanosis occupying the liver very extensively; very slight jaundice before death. We shall introduce the first.

CASE.—“December 14, 1839.—I was requested to see a lady affected with a great enlargement of the abdomen. She was a married woman, and had laid-in fourteen months before, at which time the abdomen was not discovered to be diseased; nor was it till eight months ago that the tumour was detected. Within the last week effusion had taken place into the perineum. I found her greatly emaciated; her complexion scarcely sallow, certainly not jaundiced. She was as large as a woman near the full time of her pregnancy. On examination, I found a hard modulated mass, extending quite to the pelvis, and pretty obviously continuous with the liver. The ribs on the left side rather raised, and percussion dull. Examining this extensive tumour as carefully as I was able, I could not satisfactorily account for one or two hardened masses situated in the left iliac region with the liver; and I therefore concluded that the disease had been communicated to the peritoneum or omentum. I entered in my note, that ‘I perceive one black spot, which I consider a small melanotic tuber, under the skin on the abdomen; and I suspect that the disease will be found of that character.’—The swelling increased. The œdema of the legs was so great, that the cuticle gave way. She greatly emaciated; and sunk, exhausted, on the 11th of January; yet within forty-eight hours of her death she had been able to come down stairs and join her family.

Section Cadaveris.—On removing the parietes, and opening the chest, the liver was seen, as a black mass, extending from the fifth rib to the

pelvis and into both lumbar regions. This was everywhere pervaded by melanosis; in some parts assuming rounded forms, but generally appearing to percolate between the acini, without attaining any fixed form, or being moulded by the cellular tissue in which it was deposited. Mingled with this black matter were many small white tubera of a scirrhus character; and in one part of the convex surface a space of several inches had the appearance of a porphyritic granite, from the intermixture of the white and black. The gall-bladder contained but little bile; a few small melanotic glands on the mesocolon; the spleen and kidneys healthy. A few very small glands pervaded by melanosis were seen buried so deep in the integuments as not to show themselves on the surface. One melanotic gland on the pericardium; one small one on the heart itself. There was decided melanotic deposit in the cancellated structure of the sternum, about its juncture with the first and second ribs.—The upper part of the lungs was spotted with melanosis, in round spots, not resembling the ordinary pulmonary blackness.” The last case is an instance of extensive malignant disease, very rapidly implicating both the organs of the chest and the abdomen.—Dr. Bright concludes by observing,—“The cases and observations which I have thus thrown together, may be considered as forming an outline of one very important class of abdominal tumours; and though many of them would seem to point out the difficulties of diagnosis, yet I trust, as a whole, they may rather serve as an assistance and an encouragement to our endeavours, in this essential pursuit.”—Condensed in *Dr. Johnson's Medical-Chirurgical Review*.

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Spongy bony Tumour on the Tibia in a phthisical subject.—The patient died of phthisis at the age of 39. The tumour had existed from the age of 11. It was large as an adult's head, seated on the posterior part of the leg, just below the knee-joint, hard, immovable, free from pain, irregular, and covered with thin integuments, healthy, and without adhesion. The circumference of the tumour is 65 centimetres. The interior is spongy, with numerous and large white arborific ramifications.

Necrosis of the Calcaneum.—The foot of a young man, 17 years of age, was presented. In the centre of the calcaneum was a cavity containing pus, and a moveable sequestre. The other bones of the tarsus were denuded and more or less carious. The disease, which had existed nine years, had produced considerable disorder in the soft parts, and the general health was impaired.

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ORDINANCE MEDICAL DEPARTMENT.—Assistant-Inspector Morgan Thomas, to be Deputy-Inspector-General of Hospitals; Surgeon Edward Simpson, to be Senior-Surgeon, with the rank of Staff-Surgeon of the first class; Assistant-Surgeon Thomas Chichester, to be Surgeon.

All the Army Medical Staff-officers, without distinction of rank, in the United Kingdom, are to be allowed, from the 1st of January, one shilling a day each, in lieu of a servant.

MEDICAL OBITUARY.

February 12th, at the New Barracks, Fochabers, much and sincerely lamented, Charles Arnold Logie, Esq., A.M., aged 27, Assistant-surgeon 37th Regiment, eldest son of the late Lieutenant Colonel Commandant Logie, Hon. E.I.C.S., and grandson of the late General Sir John Arnold, K.C.B., Hon. E.I.C.S. During a tedious and distressing illness, he was affectionately attended by his brother Dr. Cosmo Logie.

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THIS celebrated work, when first published, eight years since, filled up a wide hiatus in the science of general or structural Anatomy. Its Author now universally acknowledged as one of the first physiologists of the age, laid the foundation of his fame in the present treatise. The information which it contains, and the fundamental doctrines established by the researches which it records, cannot be too highly appreciated; and though (no doubt) all teachers of physiology are familiar with them, and yearly communicate them to their pupils, yet it is hardly to be expected that the great body of medical practitioners should have had the opportunity of referring to this most important volume. I hope, therefore, to present an acceptable offering to the Profession, by giving an abstract of its contents. A complete translation of the whole work would not, I imagine, prove so generally useful to my professional brethren, as a faithful analysis; and I have endeavoured to add the most important observations which have appeared, on this subject, since its publication in 1830.—*Preface.*

Mr. Solly is already favourably known to the profession, by his work on the "Human Brain;" and he has now laid us under fresh obligations, in becoming the translator of Müller's excellent monograph on the Glands. The work before us, however, is something more and better than a mere translation; it is an analysis and a commentary; with a succinct account of the discoveries made since the publication of the original. Müller's "*De Glandularum Secernentium Structura Penitiori*" was published in 1830; and proclaimed its author a first-rate anatomist, ere his "*Elements of Physiology*" had procured him the distinguished reputation he now enjoys. Our countryman has had the rather irksome task of Anglicising modern Latin; or, as he expresses it in his preface, "of translating an ancient language written with a modern pen."—(p. 8.) The modern pen, it must be confessed, is too often but an awkward imitator of the ancient *stylus*; but Müller, we believe, "discourseth" pretty good Latinity, and Mr. Solly has rendered it into respectable English.

Müller commences with a critical history of our knowledge respecting the structure of the glandular system; but as he goes no higher than the time of Malpighi, the Editor has briefly traced the antecedent progress of this branch of anatomy from Hippocrates to Wharton. He speaks of Bellini as having made some slight advance beyond his contemporaries; in that he demonstrated the tubular structure of the kidney. Due praise is awarded to Malpighi; who did more towards elucidating the true structure of the glands, than any of his contemporaries; or even than his successors for nearly a century following. This celebrated man affirmed that "the pericardium itself is a glandular body, which is constantly preparing a peculiar fluid;"—"a principle of physiology," observes Mr. Solly, "only now in process of demonstration."—(p. 5.) An epitome is then given of the discoveries of Ruysch, Mascagni, and others; who contributed, by their isolated labours, to lay the foundation whereon Müller has so admirably raised the superstructure. His, assuredly, has been a gigantic task; and he rejoices with honest pride in the reflection, that this most important and difficult branch of anatomy has been cultivated and advanced chiefly by Germans. It may perhaps be questioned whether, in the midst of this gratulation, he has given the prominence that is due to the labours of some of our own countrymen,—especially to the illustrious John Hunter; who was one of the first to demonstrate the true tubular structure of the glands, as shown in the preparations contained in his Museum. These preparations Müller barely alludes to.

The author, after observing that he intends to describe all the glands which throughout the animal kingdom exercise the same function, adds, "that he passes by the lungs, although they are of the nature of secreting glands, because they are well known; his object being to give new observations on things little known, or which have been entirely neglected."—(p. 20.) The second book treats of the intestinal glands. In describing those of the stomach, and the Peyerian glands, Mr. Solly has followed Boehm, in preference to Müller; and has given the whole of Boehm's observations, with several illustrative figures, from his work. The third book treats of excreting glands; the fourth of those which are appended to the organs of generation; the fifth to the mammae; the sixth to the glands subsidiary to the organs of sense; and the seventh to the salivary glands; while the four following books are occupied respectively with the pancreas, liver, kidneys, and testicles. In the chapter devoted to the liver of mammalia, the editor has not omitted an analysis of Mr. Kiernan's important researches, illustrated by means of the wood-cuts which originally appeared in the "*Medical Gazette*." He has also given a full exposition of Mr. Corfe's views as to the structure and functions of the kidneys; and when we add that the writings of Owen, Bell, Morgan, Sprott, Boyd, Boehm, Davy, Bischoff, and Purkinje, have been laid under contribution, it will be evident, that no pains have been spared to render the work as perfect as the present state of knowledge will allow.

We have no space for extracts, but must refer inquirers to the work itself; which, illustrated by numerous well-executed engravings in lithography, will afford them the latest and best information on this very interesting and important subject.—*London Medical Gazette.*

In pursuance of his laudable endeavour to excite attention, in this country, to the great truth, that physiology can only be pursued with the certainty of success when it is based on comparative anatomy, Mr. Solly has brought the substance of Müller's splendid monograph on the glandular system within the means of the English student; and he has incorporated with it several contemporaneous and subsequent discoveries made by other enquirers.

From this summary of the contents of Mr. Solly's volume, it will (we think) appear, that it is one well worthy of the student's acquaintance. The analysis of Müller's work is, on the whole, well executed; and the other selections are made with judgment. The student will in vain look elsewhere, for the same amount of information in so narrow a compass and at so cheap a rate. We must not omit to notice the four lithographs; which contain upwards of seventy subjects, copied chiefly from Müller's folio plates, and well drawn by Mr. Solly.—*British and Foreign Medical Review.*

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HIPPOCRATES ON CLIMATE, SEASONS, WATER, AND SITUATION.

(Continued from p. 261.)

MINERAL WATERS.

WE have next to consider those places whose springs arise from rocky grounds, and so must of necessity be hard; or those situations where Hot-springs, Iron, Copper, Silver, Gold, Sulphur, Alum, Bitumen, and Nitre, are found. All these being produced by the power of *heat*, the waters of such a soil are never good, but are hard and heating, pass off with difficulty, and bind the body. The best are those which descend from high places and hilly grounds; they are sweet, clear, and will bear mixture with wine; they are, also, warm in winter and cold in summer, as coming from the deepest springs. Such waters, however, are chiefly to be commended, whose springs are towards the *rising of the sun*, especially in summer; they are clear, light, and of a good taste and flavour. Waters which are saltish, crude, and hard, are by no means fit for general drinking; although, indeed, there are some constitutions and diseases in which the drinking of such waters are of much service, as I shall presently show. In short, those waters whose springs lie towards the *east*, are the best of all; next to them, are those which are situate between the rising and setting of the sun in *summer*, especially towards the rising. The worst are those which lie towards the south, and are between the rising and setting of the sun in *winter*; but, even though these be bad, still they are better than those situate towards the north.

The proper mode of rising these waters is as follows:—Persons in perfect health need, generally, make no difference, but may, with impunity, drink such as they meet with; but those who are not in health, and who ought therefore to drink that which is most proper for their constitution and disease, may, by the mode here recommended, recover the same again. In cases where the belly is *hard* and easily *burnt up* (easily heated or inflamed), the lightest, the clearest, and the sweetest waters are the most proper; but, when it is soft, moist, and phlegmatic, hard, crude, and saltish waters will be required and used with advantage; for, thereby, the humidity and moisture will be absorbed or neutralized. Those waters which are the best for boiling, and which have the greatest solvent power, are the best for loosening the belly and relieving the bowels; but such as are hard and slow to boil, astringe the bowels and dry up the belly. Some (physicians), from want of experience, are mistaken as regards salt waters,* imagining that they loosened the belly; whereas the reverse is the fact, being neither capable of change from their natural crudeness, nor of being easily boiled, the belly is rather astringed than relieved by them. Thus stands the case with regard to spring waters, generally.

RAIN WATER.

I shall now show how it is in regard to rain and snow waters, of which, the first is the

lightest, thinnest, clearest, and sweetest. With respect to rain,—the sun attracts and raises the thinnest and lightest parts of all waters, as appears from the manner of making salt, for the salt portions are left behind, an account of their thickness and weight; this is the case, not only from lakes, but also from the sea, from rivers, and from everything which has moisture in it, more or less. Even from men and other animals, the sun attracts the thinnest and lightest of their moisture, as is plainly demonstrated when they walk or sit in its rays, having their clothes on; whatever part of the body the sun shines on, there no sweat will appear, the sun attracting the moisture which produces it; but, whatever part is covered by clothes or anything else, will have sweat on it; for, though drawn and forced out by the heat of the sun, it is saved by the covering, so that the sun cannot disperse it. When the same person retires into the shade, the whole body will sweat alike, (there being due heat applied,) because, there, the sun no more shines upon it.

Rain water will putrify sooner than any other, for it is of an ill-flavour, and consists of a mixture of many substances which have a tendency to putrefaction. When attracted and elevated, and floating and rising with the air, whatever portions are dark and turbid, are separated and become clouds; the thinnest portions grow sweet by the heat and coction of the sun, in the same manner as other waters always become sweet by boiling. Now, when these particles are dispersed, they are carried and tossed about on high; but, whenever they are gathered together and forced into one spot by contrary winds, the whole bursts forth in the shape of rain, wherever the greatest collection is; and this is the more likely to occur, when these clouds, agitated by an uncertain and roving wind, meet suddenly with other clouds and contrary winds. In such a case, the foremost particles will be collected more thickly together by those behind, being brought to bear more forcibly upon them; thus, becoming, by degrees, more and more collected, thick, and dark, the whole mass bursts by its weight into a shower of rain, which descends upon the earth.† The waters thus produced are far better than those that follow; but, then, they require to be boiled and strained, otherwise they will not have a pleasant savour, and they will be the cause of hoarseness, coughs, (*Bechas*) and deep or hollow voice, in those that commonly use them.

SNOW AND ICE WATERS.

These are all bad, for when water becomes once congealed or frozen, it never resumes its former qualities; its clear, light, and sweet particles are separated and dissipated, whilst the turbid and heavy ones are left behind. This will appear from the following experiment: expose a certain quantity of water to the air in a vessel, in the winter season, so that it may become completely frozen; carry it into a warm place next day, in order that it may thaw perfectly; and, when completely dissolved, measure it again, and you will find the water much less in quantity. This proves that the lightest and thinnest particles have been dissipated or

dried up in the act of freezing, and not the heaviest and thickest—for that cannot be. I conclude, therefore, that snow and ice waters are the worst of all for every use, in the way of aliment. So much for the effects of rain, snow, and ice waters, on the human system.

CAUSES OF NEPHRITIC DISORDERS.

Those persons who drink all sorts of water—viz., that of large rivers into which other rivers fall, or that of lakes into which rivulets of all kinds empty themselves—also of the water of rivers which flow from a great distance—are very subject to stone in the bladder and other nephritic disorders; also, to strangury, sciatica, and hernia or rupture (*Kelai*). In fact, we know that all waters are not alike, one being *sweet*, another *salt*, a third aluminous, and a fourth of a *hot* nature; all, therefore, being mixed together, are incompatible, or neutralize each other—that is, they disagree very much, the strongest always prevailing (*Alleloisi stasi-azei*; that is, they make war upon each other). The same (ingredient or quality), however, is not always the strongest, but sometimes one, and sometimes another, in the same manner as it is with the winds; for, at one time, the north wind, and at another, the south prevails. There, therefore, must unavoidably be a sediment of slime and sandy matter in the vessels; and that, from drinking these waters, the above-mentioned diseases are produced (though not in every constitution), I will now proceed to show.

In all cases where the intestines are in a regular and soluble state, the system in perfect health, and the bladder neither very hot, nor its orifice obstructed by inflammation, the urine will flow out with ease, and nothing will be collected in the vesicle; but, when the belly is very hot, the bladder is naturally and of necessity the same; and when it happens to be heated more than ordinary, its neck becomes inflamed, and so the urine does not pass off easily, but is *boiled and burnt* (over heated) there; the consequence of which is, that the thinnest and clearest portion is separated and carried off, whilst that which is thick and turbid becomes collected and condensed; at first, indeed, in small quantities, but afterwards in a larger one. This matter being rolled thither (to the neck of the vesicle) by the urine, it adapts or collects around itself whatever is of a thick consistence; and thus it increases by time, and at length becomes a hard and substantial body.‡ In course of time, whilst making water, the concrete substance falls upon the neck of the bladder by the mere force of

† Does not Hippocrates go too far in his deduction from this experiment? or rather, does he fairly state it?—Modern chemists would say, that if the quantity of water in the vessel be less after freezing, the diminution would arise from evaporation, particularly from the heat required in the process of thawing. That the bulk of water is enlarged by being frozen, is proved by the floating of ice, and even icebergs, upon the surface of lakes, rivers, and seas. Does our learned philosopher and physician, then, mean that the bulk of the water reduced by thaw, is less than what it was in the frozen state?—if so, he is perfectly right; but that would not bear out what he means to impress upon us—viz., that considerable diminution takes place in the bulk or measure of the water, by the mere act of freezing. We know that water exposed to atmospheric air, becomes im-pregnated therewith, and is thereby rendered what we call *sweet*, or palatable; is this driven out or off by the act of freezing?—This is a most important question, as regards *salubrity*. The increase of bulk in the ice is satisfactorily accounted for, by the new and more extended arrangement of particles, in the act of crystallization; which will of course render its specific gravity less than that of any mere watery medium in which it may be made to float.—It is a question for modern philosophers, whether any other occult fluid be driven off, besides the atmospheric air, by the act of freezing.

‡ Modern pathologists of course differ from the above opinions; inasmuch as they attribute the alkaline, acid, or saline deposit, to the chemical quality of the urine, which becomes decomposed; this, however, derogates nothing from the acute and perspicuous reasoning of the "Father of Physic," in regard to the *mechanical accumulation* of the foreign instances collected in the bladder.

* It is presumed that Hippocrates here means waters slightly impregnated with Carbonate of Lime, Sulphate of Lime, Carbonate of Iron, and other Saline Waters, common to the springs of Greece, as well as other countries; those which are highly impregnated, as the Chalybeate, Sulphureous, and Medicinal Saline, of course belong to another class of springs, and are never in common use in any country.

† It would appear that this most acute of all observers and analysts of the operations of nature, was not aware of the part played by the electric fluid, in the dissolution and formation of clouds and rain.

pens. I have also had my lace-up boots new footed, and my black coat fresh buttoned and cuffed, with pieces from inside the skirts, as I thought the contrast would be too great if I had new cloth. Tell my mother, with my love, that I have found a good washerwoman, and my weekly bill does not exceed tenpence or a shilling. She would be astonished how little some of the students send to the wash. Some of their socks have neither soles nor tops, but are merely bands round their ancles. Long stocks and false collars are the main articles of their wardrobe, and a young Scotchman, who is an M.D., from Edinburgh, and lives at the top of the house, has promised to show me how I can wash and starch my own. He tried to darn his own stockings with a *post-mortem* needle, but could not succeed very well. He is a good pious young man, and gives me a great deal of valuable information upon things in general—more especially such as are connected with anatomical or medical subjects. Some of the young men below paid him a sad trick last week. One of them borrowed his stethoscope the other day, and stopped it up with something from the inside of a toy trumpet that had been bought in the street. When the Scotchman went round next day with the physician, he found there was something in his stethoscope, and on trying to blow through it, which he had a habit of doing before he used it, made such a strange noise, something between Punch and an accordion, that he was taken up somewhat sharply by Dr. Taplings. This was a heartless trick, and will give you an idea of the set I am surrounded by. Let my uncle have this letter to read, as it may amuse him. Give my kind love to my friends, and tell old Mrs. Spinner I shall be glad to come and take tea with her, when I return at the end of the session, and endeavour to entertain her with accounts of the sights I have witnessed.—Believe me to remain, your affectionate son,

EDWARD CHILLYPUP.

ROCKET.

(To be continued.)

DR. SEYMOUR'S CLINICAL OBSERVATIONS AT ST. GEORGE'S HOSPITAL.

PLEURITIS.

WHENEVER you meet with a case of pleuritis, having a modified character, and assuming a sub-acute type, you must not be induced to bleed your patient to so full an extent of depletion, as if the disease assumed the simple and uncombined form of acute severity. In such a case as I have described, the affection is most commonly of a chronic character; and lymph may be poured out, glueing together the opposing surfaces of similar structure; and in such cases there is no remedy whose power is more efficient than mercury, given so as to affect the mouth; the moment this therapeutic action shows itself, the patient is cured. This is the sure and general principle to be followed out in such cases; but it must be modified in some special instances. There is no point of practice which will require an acuter judgment, than to ascertain how far you may push mercury with benefit to your patient's health, and your own professional reputation. You had better always stop the mercury in these cases the moment the mouth becomes affected; by which means you will free yourself from much professional distress and anxiety. You will occasionally, indeed, meet with people who will never forgive you if they find that, though you may have cured them of an otherwise fatal disease, they have lost a tooth, or anything else, from being thus cured.

DISEASE OF THE KIDNEY.

Where you meet with a patient who has albuminous urine, you may form a pretty correct diagnosis that the kidneys are diseased. In these cases the albumen is taken away from the blood; the urea in the blood is not properly eliminated, and the nutritive portion of it is taken away; the system is, as it were, poisoned, and the patient has an unhealthy, pale, and flabby countenance, from the causes I have just enumerated. There is a man upstairs who is labouring under this form of disease, and whose kidneys secrete more urine than natural. His disease develops itself with that pathological appearance, of which you meet with so beautiful and accurate a picture in Dr. Bright's invaluable work. [One of the drawings in the volume alluded to was handed round.] The secreting structure of the kidney appears to be taken away, and in its stead you have a deposit of granular matter, with the elementary formation and growth of which pathologists are not correctly acquainted. It is not a lymph poured out as the result of inflammatory action, but it is a morbid structure which interferes very greatly with the function of the organ in which it is deposited. In this peculiar affection of the kidney, inflammation is very apt to set itself up in some other part of the body. This is to be treated on the same general plan as though it were totally independent of any other abnormal action going on in any other part of the body. In this case you are aware that the rule was followed out with the utmost success.

In another case of disease of the kidney, in the same ward, the patient has secreted the extraordinary quantity of three quarts of straw-coloured urine in the day; it has been tested, and found to possess a very low specific gravity. I ordered her to have some opium to diminish the unusual quantity of this secretion. In former times her disease would have been called diabetes insipidus. I have known opium to be of the greatest service in such cases. I recollect a man, who was formerly in this hospital, who had severe vomiting and increased secretion of urine; and in his case opium had the happiest effect of relieving both his symptoms, and eventually cured him. I have, in such cases, given as much as one scruple of solid opium three times a day, and in some cases even more than this; it has the effect of removing the saccharine quality of the urine, and saving, eventually, the patient's life.

DISEASE OF THE BRAIN.—DELIRIUM TREMENS.

Delirium tremens is brought on either by excessive drinking of beer, wine, or spirits; or from taking excessive quantities of opium, as in 5ij. or 3ij. doses. If the disease arise from spirit-drinking, opium will cure it. Delirium tremens is a very strange and singular disease, and can seldom fail of being recognised after being once seen. You will go into a room and hear a man talking incessantly, yet every muscle of the body will be in a constant state of tremulousness; the very bed on which he lays will shake under him. In such a state the irritable action of the brain, arising from a deficiency in the supply of blood to that organ, is unable to regulate the external motions of the body. In such a case, strong stimulants, combined with opium, are the best remedies. If it arises from gin-drinking, you must give gin, with small doses of opium. I could hardly trust myself to tell you, with truth, of the enormous quantities of stimulants and opiates which have been given in such cases. I once attended a patient labouring under this disease, with

Mr. Bowling, of Hammersmith, in which the amount of the remedies that were administered was so enormous, that I am afraid to trust my memory with them, as I took no note of the quantity at the time; but I can safely charge my recollection with having given from 900 to 1000 drops of laudanum in one night; and, in combination with this, I have administered various other stimulants suitable to the case. If in such cases the irritation arose from the circulation of an unusual quantity of blood in the brain, then it is manifest that all these remedies, of which I have spoken to you, must be wrong; but as it arises from a precisely opposite cause, the remedies best calculated to meet that state are those which I have named to you.

Now, you know that this patient's original disease was an affection of the kidney, and that his urine was highly charged with albumen, and it is not probable that this state of things arose from asthenia. This man's age was 53; and after 45 years there takes place a great change in the left side of the heart and larger vessels, arising from a diminution of the elastic structure of their coats, and this gives a certain hardness of pulse to the artery in the left wrist. The hardness of pulse, therefore, in such a man may be considered as modified by age. Mr. Hammerton, who saw him, was much alarmed by his symptoms, and considered them to arise from delirium tremens, which has induced me to give you an outline idea of this disease. But however altered his pulse might be by age, it was yet full and bounding, and as hard as need be; he was, therefore, bled, blistered, and purged, with the best effect, for he passed a quiet night. On the following morning he complained of severe headache, and his pulse was almost as hard as before, and he was ordered to be immediately put under the influence of calomel and opium. I may avail myself of this opportunity to tell you, that in the whole region of practical medicine there is no question of greater importance than when mercury is useful in disease of the brain, and when it is not. There is an inflammation of the brain which hardens and colours its texture, and this is seen after death. Where inflammation tends to glue and consolidate separated parts together, mercury is a sure and certain remedy. There was a man in York Ward, some years ago, who had repeated attacks of paralysis, from a low chronic inflammatory action of the brain, and mercury completely cured him. There was, I recollect, a somewhat similar case in a female under my care whilst physician to the Asylum for the Recovery of Health. That patient was, I remember, admitted with paralysis, and discharged cured four several times in succession, and on each accession she was cured by mercury. After fifty years of age, the most frequent changes of disease in the brain are apoplectic, from the alteration in the structure of the cerebral circulating vessels. There may be small apoplectic cells on the surface, or in the centre of the cerebral substance, from the rupture of minute vessels. Now, in all these cases, remember in your practice, that mercury does not exercise the smallest benefit. In this patient's case, to which I have alluded, it was inflammation of the brain or its membranes. Ramollissement of the brain is the result of a rupture of some small arterial points in the fine medullary structure of this organ. In the case of the late Sir Walter Scott,—I allude to it as a matter of historical record,—he was treated by repeated bleedings, which did not benefit him; nor would mercury have done so. After death his brain was found soft and pulpy.

tract it through the urethra with a sound, which is constructed like a pair of forceps. This is an instrument devised by Mr. Weiss of the Strand; you observe that it is like an ordinary sound, or nearly so; there is a little bulging at one part; then by pressing on the end of the instrument, it separates like forceps, and if you have got a stone of small size at the other end, it may be grasped between the two blades of the instrument, and you can thus draw it out. Indeed by means of this instrument, stones of considerable magnitude have been extracted through the urethra—stones as large as the end of my little-finger. Sometimes a stone has been seized with this instrument in the bladder, so large that it could not be drawn the whole of the way out through the urethra; it has been drawn out of the bladder into the urethra, and then an opening has been made into the urethra externally, and the stone has been got out in that way. In the case of calculi of the prostate, if they become troublesome, you might probably be able to extract them with an instrument of this kind.

Lithotripsy.—Of late years a plan has been devised, and brought to a considerable degree of perfection, by the French, for breaking down stones in the bladder, and reducing them into fragments of a size capable of passing out of the bladder with the stream of urine through the urethra; and this plan has been denominated the lithotritic or lithontriptic method, a compound word from the Greek, meaning the *crushing* of stones. In this plan, instruments have been introduced into the bladder of a cylindrical form, like a catheter, though composed of a complicated assemblage of pieces, and admitting of certain parts being protruded from the interior of the tube, expanded and retracted, so as to grasp the stone, and by the combination of these, with other contrivances for boring or scooping out holes, the interior of the stone is reduced to powder; other instruments are then employed, by which the thin shell of the stone which remains is broken up into small pieces. Inasmuch as the instruments employed for this purpose are of considerable size, they require that the urethra should be of very full dimensions, in order to admit of the possibility of their application; they also require a considerable space in the bladder for the expansion of the parts of which they consist, and the performance of those manœuvres by which the stone is to be ground or broken into fragments. Thus it is necessary that the patient should have an ample urethra, and also that he should have an ample bladder, that is, a bladder free from disease, in which there may be room not only for the instruments and the stone, but also in which the latter may be seized and acted upon. The bladder must also be healthy in its state, in order that it may be able, when the stone is broken down, to expel, by its contractile power, the fragments with the urine. Under these circumstances, the plan of breaking the stone in the bladder is performed by those who have acquired a dexterity in the use of the instruments with tolerable facility; the stone can be readily reduced to such a state in the bladder, as to admit of its being expelled through the urethra, and thus the patient gets rid completely of his sufferings, without undergoing the pain and the risk that attend the operation of lithotomy. It appears to me that great merit is due to the French for the invention, and for bringing the mechanical means necessary to accomplish this purpose to such a degree of perfection. I should observe to you, however, that the instruments which are employed under various circumstances for the accomplishing of this object, are complicated in their construction; that they require a considerable degree of mechanical dexterity, and that their safe employment on the living subject can, I think, only be undertaken by those who have had great opportunities of using them, under a variety of circumstances. For these reasons, I apprehend, that the practice of breaking the stone in the bladder will never become a general one; it will only be used by those who possess considerable dexterity, and those who have had repeated opportunities of trying it. I have had no personal knowledge myself of the subject, and I need not enter more into details about it; if I were, I could

only repeat what probably you have all seen in the journals and periodical works of the day; I would merely give my testimony as I have done to the ingenuity which the construction of the instrument displays, and the advantages which, under particular circumstances, those instruments may afford over the operation of lithotomy. One circumstance of great importance in the operation of lithotripsy, is in the size of the stone; stones beyond a certain magnitude cannot be grasped and reduced in size by those instruments; that is, the size of the urethra and of the bladder is not large enough to allow of the introduction of instruments sufficiently large to grasp a stone beyond certain dimensions; the operation of lithotripsy, therefore, is confined to those cases where the stone is of a certain size, perhaps *about an inch and a half in diameter*; I think that is about the extreme magnitude of stone which the gentlemen who practise this operation consider they are capable of reducing in this way.—I cannot pretend to give you any data of the comparative risk of this operation, and that which attends the operation of lithotomy, not having had experience in both. I do not suppose that the operation of lithotripsy is free from all risk. Under many circumstances, it is necessary to introduce the instruments several times, to make repeated operations on the stone in order to reduce it to fragments, so that I conceive this plan of proceeding, although it may be less dangerous than lithotomy, is not altogether free from risk. The comparison, however, between lithotripsy and lithotomy would not be fair, unless we compared the results of the two where they were put in practice in cases of the same description. Lithotomy is employed in all cases indifferently, favourable and unfavourable for the operation; but the cases to which lithotripsy is applicable, come under the description which are called favourable, that is, where the stone is small, where the bladder is perfectly healthy, and where, therefore, there would be very little risk of an unfavourable result after the operation of lithotomy. In the other cases we are compelled to have recourse to the old method of removing the stone by the operation of

Lithotomy.—This, as I have intimated to you, is a painful operation, and an operation attended with danger. There are various sources of risk inseparable from the operation, which consists essentially in making an opening into the bladder, and forcibly drawing out the stone through it. The dangers of lithotomy, however, differ materially under different circumstances. I have mentioned to you that half of all the stone cases occur in patients under the period of puberty, in those the risk of the operation is slight; and if it be skilfully performed, the deaths are very small in number in these cases. In persons who have arrived at adult age, and who are healthy, the risk is not very considerable; but in elderly persons, in those who are advancing in years, in those who have long suffered from the disease, and whose health is broken down by it, or impaired from other causes, as well as from the existence of stone in the bladder—where, from the long existence of disease, the stone has acquired very considerable magnitude, so that it cannot be extracted without much force. Under those circumstances particularly, the risk is considerable, and it becomes necessary for the patient to weigh well whether he will prefer submitting to the sufferings induced by the stone in the bladder, or run the risk of life, which is inseparable from an attempt to relieve him completely. This is a point which, of course, must be left to the patient himself in each instance, the nature of the risk being represented to him as accurately as it can be by the surgeon. Perhaps the most unfavourable cases for lithotomy are those in which the stones are of considerable magnitude.

Lateral Operation.—In the ordinary lateral operation, the stone is extracted under the arch of the pubis; that is, it must come out of some part of the space left between the ramus pubis and the ischia. Now there is only a certain limited space left between the bones in this part, and this space is occupied by various soft parts, so that the stone cannot be brought out in this situation without considerably bruising, and perhaps laceration, of

those parts, particularly when its dimensions exceed a certain magnitude. You cannot, therefore, but run considerable risk, if you operate under such circumstances. In many cases, if you could ascertain exactly the size of the stone before the operation was performed, it might be deemed more advisable for the patient to remain with it in the bladder, obtaining such relief only as palliatives are capable of affording, than to undergo the very great risk of the operation, when the stone is of that large size. With respect to the kind of operation which is most eligible, I may observe that although various methods have been projected at various times, we are now tolerably agreed that the lateral operation which is performed by making an opening along the perineum, and cutting along the urethra into the bladder, is the best; it is this which is almost universally practised, and which I will show you when I have the opportunity of doing so upon the subject.

High Operation.—The stone may be extracted by making an opening into the anterior part of the viscus, above the pubis, and this is called the *high* operation. This operation was formerly practised, but it was abandoned in favour of the other; of late years, however, it has been revived and practised by one surgeon, I believe, in Paris, but I am not aware that there are any peculiar circumstances attending it that would induce me to abandon the lateral operation for it; for my own part I consider the lateral operation considerably preferable to all the others that have been proposed.

Recto-vesical Operation.—Of late years another operation has been performed, that of making an opening through the rectum into the fundus of the bladder, and this is called the *recto-vesical* operation. By making an opening there the stone is accessible, and you have an opportunity of extracting it at that part of the outlet of the pelvis where it is the widest. This operation, however, has hardly ever been practised in England, and I do not know that the advantages observed, where it has been practised, have shown that it is preferable to the lateral operation; as to the mode of doing it I shall defer the observations which I have to make on it, until I can show you the operation on the subject.—If a stone is lodged in the urethra, the removal of it is easy. You have merely to make an opening into the part where it is lodged, and to take it out. This is an example of stone in the urethra, the presence of which is shown by a slight contraction of the canal around it; the stone is of pretty considerable size, larger even than a filbert. In those instances in which I have had occasion to make an opening into the urethra for the extraction of a calculus, I have found that the wound has healed very readily. The operation itself is perfectly simple—nothing can be more easy. The hard body serves as your guide; you have only to cut down upon it, and take it away, and the opening (in the instances in which I have seen the operation performed) has healed up very readily.

RECTUM AND ANUS.

Fistula in Ano.—When matter has formed in the neighbourhood of the anus, if the abscess be left to open of itself, it very commonly passes afterwards into the state of *fistula*, and forming the case commonly called *fistula in ano*. You have a small opening situated either near the margin of the anus, or at some little distance from it, and through this a discharge takes place sometimes constantly, and sometimes occasionally. The opening is so small that it sometimes becomes closed externally, until the secretion distends the cavity, and makes its way out. You introduce a probe into the opening, and you find that it passes to a considerable depth under the skin towards the rectum. You may find that the probe which you thus introduce passes into the cavity of the bowel, perhaps for an inch or so from its external aperture, and that constitutes a complete fistula; that is, a cavity which has an external opening in the skin, and an internal opening into the cavity of the large intestine; more frequently there is merely the external aperture, and that is called an *incomplete external fistula*. Sometimes there is no external aperture,

but only an internal opening into the bowel, and from which matter occasionally escapes, and this is called an *incomplete internal fistula*. In the latter case there may be a small degree of redness of the external integuments, indicating that the fistulous cavity approaches to the skin although it may not have penetrated the integuments.—*Treatment*: In these different cases, the only effectual means of relieving the patient is by producing a consolidation of the cavity which constitutes the fistula, and this is done by slitting up the cavity towards the bowel, so as to reduce it into the state of an open sore, which will granulate and heal; this is the operation for fistula in ano. Patients very often entertain great dread of this operation; they fancy it involves a great deal of cutting, the application of caustic, and other very serious proceedings; the truth however is, that nothing can be more simple. Heretofore the operation was indeed very serious, for it embraced not only the opening, but the dissecting away of the fistulous cavity. The older surgeons fancied that the sides of the fistula consisted of unhealthy callosity, and that it was necessary to cut this away, in order to bring the part into a healthy state; of course if that was done it would be a very painful and a very serious operation. You find, however, that nothing more is necessary than to slit up the opening, and that it then does well. If there is complete fistula, with an external aperture, and an opening into the bowel, nothing is more simple than this operation; the fore-finger of the left hand is carried into the bowel, the probe-pointed bistoury introduced through the external opening in the skin, carried forward till the end comes upon the fore-finger of the left hand, which is in the rectum, and then the point is brought out with the point of the finger, so as entirely to cut through the portion intervening between the sinus and the cavity of the gut. This proceeding exposes the surface of the fistula; you then introduce a portion of lint with a little simple cerate, into the opening, to prevent the sides of it from uniting, confine this dressing in its place with a T bandage, and renew it at the end of a few days, after which no further bandage or dressing is necessary, and the operation will be complete. It is not necessary to fill up very accurately or neatly the opening which you thus make; you merely wish to prevent the sides of the recent cut from coming into contact, and the gentle intervention of a thin portion of lint, spread with cerate, ensures the accomplishment of this purpose. If you put in dry lint, and cram the opening full, you irritate the parts, and add to the suffering of the patient. I believe, in fact, that if you introduce a thin portion of dressing in the way I have just mentioned, and let it remain there for twenty-four or forty-eight hours, you need not introduce anything for any longer period; at least I have operated on some persons who have not been well able to leave their occupations so as to be laid up in the way such patients generally are; they have gone about in four-and-twenty hours, without any dressing whatever, and I have found that the sore has cicatrized and done well.—In the case of an external incomplete fistula, you will find, that although the probe does not go into the bowel it comes close against it, so that you feel the point of it on your finger; the intestine is not perforated, but it is laid bare. Here you introduce the probe-pointed bistoury as before, down to the end of the cavity, so as to feel it against the finger; then pressing it pretty strongly, you force the probe-point through into the rectum, and so bring it down as I have mentioned.—It sometimes happens that fistulæ extend further along the side of the bowel than I have mentioned, but it is not necessary that you should make a point of cutting through the side of the bowel all the way; it may go up so far that you would not like to carry up the knife, or divide it in its whole extent, for fear of wounding some artery, and indeed it is not necessary; if you cut the side of the bowel to the extent of an inch and a half, or two inches, that will be sufficient.—Sometimes the fistula not only runs along the side of the bowel, but passes under the integuments towards the coccyx; and in those cases it is best to slit up the whole, to lay the whole open. If there is an incomplete internal fistula, that is, a fistula without any external opening, and

if you have a red state of the external integuments, pointing out where it comes near to the surface, and the pain shows where it is, you make an external aperture, and treat it as you would a complete fistula.

Abscess.—Sometimes very considerable abscesses form round the extremity of the large intestine; if the patient is in other respects perfectly healthy, you may open those collections of matter extensively, and you will find that, although the cavity may be considerable, it will granulate and heal up very well. But in many cases where such abscesses form, we find that patients are not in a good state of health, and that frequently there is combined with this affection, a state of disease of the lungs. It is by no means uncommon for patients who have disease of the lungs, or other parts of the chest, to have disease about the anus inducing fistula there. Under such circumstances, it answers no useful purpose to operate on the fistula; it is only a secondary complaint; it is better to leave it to itself unless there should be any very material inducement calling upon you to perform the operation.

Piles.—Under the name of *piles*, or *hæmorrhoids*, are included certain states of disease of the lower part of the rectum, which although differing in some respects in their external appearances, do not probably differ much in their essential characters. Certain individuals are subject to loss of blood from the anus, coming on sometimes at pretty regular periods, and sometimes at irregular intervals, and being unattended with any other obvious disease about the part. This constitutes, in common language, *bleeding piles*, and to this the technical name of *hæmorrhoid*, which means a flow, or discharge of blood, is more particularly applicable. In other instances persons are subject, without any loss of blood, to occasional attacks of heat, inflammation, and pain about the margin of the anus, or a little within it, with tumefaction of the mucous membrane, raised into tumours of the size of a pea, or a bean, or even more considerable, and having a livid bluish tint; those are also called piles, and sometimes, in common language, or even in medical language, they are called *blind piles*. When persons have long suffered from this latter affection, prominent growths occasionally are formed on the margin of the anus, sometimes a little within it, sometimes on the very margin of the bowel, acquiring the size of a hazel nut, or even that of a walnut, and these are called *hæmorrhoidal excrescences*; all these seem to be merely degrees and modifications of one and the same affection, and the blood-vessels of the rectum appear to be essentially the seat of disease in every instance. In the case of the discharge of blood, there seems to be a distended state of those vessels which occasion them to give way, and hence the loss of blood that takes place. In the blind piles, to which the name of pile is more properly applied, there is an occasional enlargement of the vessels, and subsequently a subsidence of that enlargement, so that the parts return to their natural state; but in the hæmorrhoidal excrescences there is a permanent state of tumour produced.—*Treatment*. So far as the loss of blood from the hæmorrhoidal vessel goes, if it is limited in extent, and the patient's health is in other respects good, it is not worth while to interfere with it; indeed this loss of blood seems to be highly beneficial to the individual in whom it takes place; it is a relief to a state of plethora; and as persons generally keep themselves pretty full by eating and drinking considerably, it is a kind of safety valve to them, and they are all the better for it. If this discharge should go beyond the healthy extent, there are of course obvious means of putting a stop to it; those means which would be calculated to reduce action of the vessels in any other part of the body may be employed in this instance, and I need not advert more particularly than I have already done to the nature of such means.—In the case of the occasional tumours that are formed by the hæmorrhoidal vessels, we not uncommonly find that the patient suffers excessively; that very great heat, and pain, and inflammation, are produced, and that so much local suffering, so much tenderness, is caused, that the patient cannot bear any motion, can hardly bear to rest in the sitting attitude, and

appears to experience the greatest inconvenience from the friction occasioned by the motion of the lower extremities. Under these circumstances it is necessary to put the patient on low diet. This is a kind of complaint which does not take place in cases of low living; it generally occurs in those persons who feed the muscles pretty well; it arises from indulgence at the table. Blood must, therefore, be abstracted, a low diet observed, and aperient medicines administered. Here, however, it is sometimes necessary to abstain from very active or rough medicines, for the irritation they produce often adds to the sufferings of the patient; aperients, therefore, of the milder kind are best suited to this affection.—When the case gets into the third state, that of permanent excrescences, these are often the source of constant and very great inconvenience. The excrescences, if they are formed within the margin of the bowel, descend at the time the patient goes to stool; they are then pressed upon by the sphincter ani, and great pain is produced till they are returned. If they are numerous, great difficulty is often experienced in returning them, and as long as they remain down they increase in size, and of course the difficulty of returning them is augmented; if they are left out, their surface gets irritated, copious discharge from them takes place, they become excoriated and very painful. It is necessary, under such circumstances, to liberate the patient from the uneasiness he experiences, and the only consideration is, What is the best way of getting rid of these excrescences? They may be removed either by excision with a pair of scissors, or by tying their bases with a ligature, so as to make them mortify. The latter proceeding is a very painful one; the inconvenience to the patient is greatly prolonged, that is, the patient continues to suffer very much, until the ligature eats its way through and is detached; and in my opinion, that prolongation of suffering is completely unnecessary. I have never seen any inconvenience arise from cutting those tumours away with a pair of strong scissors. You make the patient force out the rectum by straining, as at stool, and seizing the tumours with a pair of forceps, or with a hook, draw them out, and then cut them away at their bases, repeating this proceeding till you have cut away the whole. It is expedient in removing these tumours to cut into the sound part of the bowel; if you leave a portion of the affected part behind, you sometimes have a considerable bleeding, and the tumour may be reproduced; also if you cut into the sound part the bleeding is not so great. In these cases I have removed the excrescences very repeatedly with scissors, and I have never seen the bleeding proceed to an injurious extent, even when several have been removed at one time. As these tumours have their attachments generally within the sphincter, the blood will accumulate in the bowel above it; the patient feels as if he had a motion to pass; he goes to stool, and then he voids a large quantity of coagulated blood, and no further bleeding afterwards takes place. After cutting off the excrescences, however, in this way, it is well to be on your guard against the occurrence of bleeding; you should, of course, before you perform the operation, have the bowels well cleared; let the patient remain in a horizontal posture for some hours afterwards; let the nates be raised, and covered with cloths dipped in cold water; let that be continued for some hours, and then there is no further fear of bleeding. The only reason, I apprehend, for having recourse to the operation by ligature, would be the fear of bleeding; and if it were resorted to, it would be necessary to tie almost every one of the tumours, and thus the operation would be very much prolonged.

Stricture.—The rectum is subject to the occurrence of *stricture*, and is liable to two forms of the complaint; that is, there may be simple thickening and induration of the coats, and contraction of the dimensions of the canal at a certain part; or the coats may be the seat of scirrhus induration—the seat of a change of structure, which subsequently proceeds to carcinomatous ulceration. This is a specimen of simple contraction of the rectum, the coats of the gut being in other respects healthy. This is a specimen of scirrhus dis-

bly of the Secretary of State for the Home Department, and will require "men of business" and probity—the merits of whom the bulk of the profession at large will be best able to judge.

On the other hand, the avocation of the Board of Examiners will be purely *scientific*, therefore, science is the object; they should be elected upon the strength of a public test of merit.

The Examiners, in fact, should be chosen for the different departments of knowledge in which they have to examine, precisely in the same manner as professors ought to be elected to public institutions; and physicians, surgeons, and apothecaries to hospitals and dispensaries—by *concur*.

In my humble opinion, these two bodies should be chosen in the two very different ways which I have now pointed out in order that they may be a mutual check upon each other, the two Boards being held thereby in a great measure distinct, and having different duties to perform.

Thirdly, Sir, there is one most important point which you have altogether overlooked, and which you will find, after all, must constitute the sheet-anchor of Medical Reform—it is the mode in which all medical officers should be chosen to public Institutions.

By the two papers which I take the liberty of enclosing, you will perceive the manner in which *concur* was conducted in France during the Napoleon dynasty, unalloyed (but now unfortunately somewhat so) by court-intrigue or Partisan-ship. You will also perceive, Sir, by these enclosed documents, that *concur* has a practical application, as well as a theoretical one; for as the *theoretical* abilities of individuals, and their capability of imparting knowledge can be tested by extemporaneous lectures, and by writing theses and defending them, so are their *practical* abilities proved in France, should the candidates be aspiring to the office of physician or surgeon. Patients are promptly produced for the candidates to comment upon the symptoms, make their diagnosis, and prescribe for the patients publicly; they have also publicly to perform operations upon the dead and living body.

Sir, if honesty, common sense, and those fundamental moral principles which should govern society and bind it together; which hold sacred the rights of merit and industry are to be regarded, then you will adopt the plan of *concur*, not only in reference to the examining bodies and professorships, but you will extend it also to the election of medical officers to all medical charities. The establishment of a fair and unalloyed competition of talent, in place of the present rivalry of favouritism, family patronage, and private interest, would infinitely benefit the medical profession—the medical institutions individually—the sick and the community at large.

First, then, it would morally elevate the medical profession, and further the progress of science. It would act, as it does in France, as a tremendous stimulus to the pupils. The establishment of such a fair competition of talent for attaining public appointments, well-earned fame and emolument for life, would have the effect of arousing the minds of the pupils from a state of comparative lethargy and idleness, to that of unprecedented activity, industry, and the most laudable species of enterprise, and of saving many a talented youth from fatal dissipation. For it may be, considered as an axiom, that the mind of every talented individual, youth or man, must and will be employed, and the direction which the mind takes depends upon the strength of the inducing cause. A man when he is requested to do a piece of work, naturally asks the question—"What shall

I obtain for its performance? because I must be remunerated for my trouble, and unless you will engage to do so, I cannot labour in that peculiar branch which you require so as to render justice both to you and myself." Or if the same individual can obtain the same remuneration without doing any work at all, or doing next to none, the probability is that he will not exert himself—or if any individual works hard in an avocation, expecting remuneration and is disappointed, he ultimately gets disgusted with it, and a prey to indolence or recklessness.

Apply this rule to the medical profession. What is absolutely the fact?—Does an individual desire to obtain a professional appointment in the army, navy, or civil department—the question immediately asked, both by pupils and medical men, is, not what *knowledge* does he possess, but what interest has he? Observe, Sir, the demoralizing effect.

In France, even now, if an unknown aspirant possesses industry and merit, it is possible for him to become, by *concur*, a public teacher or a hospital surgeon, and a man of high public trust. But, on the other hand, in England no appointments are obtained upon that principle, but by the base, dishonest, foolish, and barbarous means of drawing-room coterie, private interest and intrigue, family patronage, and money influence, exercised over the minds of interested medical men, already, perhaps, the senior officers of the institutions, and of non-medical incompetent judges, who are governors and electors in them. Personal solicitation, begging or canvassing from door to door, public placards, and puffing certificates and advertisements, are in every instance had recourse to—a system which degrades the medical man below the most paltry shopkeeper, is a blasphemy and insult to the very name of science, and reduces the profession to a mere trade, to a placarding, electioneering, and advertising body of the lowest and most servile stamp! Whereas, on the other hand, obtaining an appointment by merit would be the highest possible professional honour that could be given to man, and all the really meritorious would strive to attain it.

(To be continued.)

SPIRIT OF THE MEDICAL PRESS.

ON DISEASE IN THE LUNGS.

IN discriminating disease in the lungs, the simplest course, perhaps, will be to notice first, the symptoms of inflammation, then those induced by its consequences, effusion of serum, fibrine, or pus, into the chest or into the substance of the lungs; next the modes in which hæmorrhage may occur; and lastly, that form of dyspnoea the effect of chronic disease from the formation of tubercles or tumours in the substance of the lungs.—The symptoms attendant on inflammation of the lungs will be heat, thirst, quick and hard pulse, with oppressive weight and acute pain in the chest, increased on inspiration; the oppression being greatest when the substance of the lungs, the acute pain prevailing when the pleura, is especially affected. Where the parenchyma of the lungs is extensively inflamed, oppression will be extreme, and although the pulse may be soft, the face may be flushed and even livid from the loaded state of the lungs, obstructing the air passages and preventing the necessary change in the condition of the venous blood.—A judicious treatment with active depletion may arrest pulmonic inflammation, and lead to its resolution. Frequently, however, it runs on to some form of effusion. This result may be serous, fibrinous, or purulent, or may include each of these appearances. The fluid thrown

out may be secreted by the exhalent arteries upon the pleura or those situated in the parenchymatous substance of the lungs.—Where serum is effused in quantity into the cavity of the chest, its presence may be determined by the acuteness of the preceding symptoms, by the pain and fever diminishing while the oppression increases, and by the patient, if able to lie down at all, finding repose only on the uneasy side; but the precise condition is with most certainty ascertained by the aid of percussion, or the use of the stethoscope. By the first of these means, the sound produced over the seat of the effusion will be extremely dull or totally inaudible, while that on the opposite side or healthy part of the chest, will be sonorous, deep, and distinct. By the second means, the stethoscope, the respiratory murmur, (with which of course the ear of the observer should be familiar,) heard distinctly over the healthy parts of the chest, will be scarcely, or not at all audible in the seat of effusion, being lost in the intervening stratum of fluid. (We have already noticed the ease and precision with which, in a case of thoracic aneurism, I was enabled to detect an effusion of serum by percussion.)—*Howship on Surgical Disease.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—21st Foot, Assistant-Surgeon Francis Laing, from the Staff, to be Assistant-Surgeon, vice Richardson, who exchanges.—24th Foot, Assistant-Surgeon John Donald, from the Staff, to be Assistant-Surgeon, vice Drysdale, appointed to the 33rd Foot.—33rd Foot, Assistant-Surgeon James Murray Drysdale, from the 24th Foot, to be Surgeon, vice Hall, appointed to the Staff.—37th Foot, Henry Clinton Foss, gent., to be Assistant-Surgeon, vice Logie, deceased.—42nd Foot, Assistant-Surgeon James M'Gregor, M.D., to be Surgeon, vice James Patterson, who retires upon half-pay.—74th Foot, Assistant-Surgeon W. L. Langley, M.D., from the Staff, to be Assistant-Surgeon, vice Hornbrook, deceased.

HOSPITAL STAFF.—Surgeon John Hall, M.D., from the 33rd Foot, to be Surgeon to the Forces, vice Elliott, promoted; Assistant-Surgeon John Richardson, from the 21st Foot, to be Assistant-Surgeon, vice Laing, who exchanges.—To be Assistant-Surgeon to the Forces, Arthur Travers English, gent., vice Donald, appointed to the 24th Foot.

On Tuesday last, Robert Keate, Esq., was appointed Sergeant-Surgeon in Ordinary to Her Majesty, in the room of the late Sir Astley Paston Cooper, Bart.

ERRATA, in our last Leader.—2nd column, 12th line from the bottom, instead of "how could the speaker, knowing these facts, or ought to have known them," read "or he ought to have known them."—Also, 3rd column, 10th line from the bottom, instead of "their taxation with no corresponding unanimity," read "with no corresponding immunity."—Lastly, 4th column, 3rd line from the top, instead of "of moral duty," read "sense of moral duty."

ADVERTISEMENTS.

A GENERAL PRACTITIONER, whose intended Partner has suddenly died, would be glad to meet with an experienced and respectable Gentleman in his stead.—The practice yields upwards of £500 per annum, and is capable of great extension.—Premium £250. No Agent will be treated with, nor will this Advertisement be repeated.
For Particulars, address, Mr. Sewell, Post Office, Stourbridge, Worcestershire.

TO YOUNG PRACTITIONERS.—An excellent opportunity now presents itself to Medical Men, just commencing practice, of acquiring professional reputation as an Author, without the toil and anxiety belonging to that office, by applying to the Advertiser, who has a large and expensive work now ready for publication, and is willing to affix the name of any respectable man to the title-page, on receiving a suitable remuneration.
For Particulars, apply by letter (post-paid), enclosing the real name and address, to R. S. S., to the care of William Challis, Esq., 44, Cornhill, London.

bill for regulating the payment of medical men for their attendance upon the poor, which was a blot upon a generous profession, and a legislative indignity. He next congratulated the meeting upon the progress of the society, which had the last session received communications equal to those of any previous year. He concluded by referring to an event, mournful to the society, to the profession, and to the world at large, in the death of Sir Astley Cooper. He shone to a great extent alone; and without any disparagement to living luminaries, in many respects he was unequalled and unsurpassed. His intellect had the solidity of the rock; and in his professional connexions he had the polish of the marble.—The members afterwards dined together at the tavern.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

A Few Hints addressed to Medical Students about to visit the Parisian Hospitals. By a Physician 8vo. Churchill.

C. F. B. has our thanks for the hint; but what can he expect to find, when it is notorious that all the appointments to this hospital are sold to the highest bidder. There is at present a vacancy, but they are waiting for a good offer before they declare it. We believe the price for an assistant-surgeoncy was originally £500, but in consequence of the great noise made by one of the junior physicians of this hospital at the fast-fading Westminster Medical Society, and the lowness of the funds of the hospital, it amounts to somewhere about £1000.

THE MEDICAL TIMES.

HOUSE OF COMMONS.

Friday, Feb. 26, 1841.

MEDICAL REFORM.

LEAVE was given to Mr. Hawes to bring in another bill on this subject, as a substitute for that he previously withdrew.

This bill professes to be for the attainment of a better system of government of the medical profession in Great Britain, and was ordered to be prepared and introduced by Mr. Hawes and Mr. Warburton; subsequently it was brought in and read a first time, and ordered to be printed. The second reading is appointed for Wednesday next, March 10th.

In answer to a question from Mr. Jervis, Mr. Hawes stated that his bill did not in any way interfere with Chemists and Druggists. In fact, the words Chemists and Druggists did not occur throughout the entire bill (a laugh).

Tuesday, March 2nd.—Mr. Hawes moved that the second reading of his Bill should be postponed one week longer, that is, until next Wednesday week.

We fear some trickery is being practised, and the disreputable juggling of last session keeps us wide awake as to all the moves.—First, it is stated that Mr. Hawes is at daggers drawn with Mr. Warburton.—Secondly, at the effect of scarcely a breath of opposition, he relinquishes his cause regarding the druggists; and, lastly, it now seems, from the above report, that there is a coalition between the Messrs. Hawes and Warburton. We must particularly caution our medical brethren against the feigned attempts at Medical Reform, which are being now made by the existing corporations and monopolists. No

good can be expected from their hands, and they will have recourse to every possible manoeuvre in order to mislead the medical public, and upset the coach of Medical Reform. We give an instance in proof.

“At a meeting of the Royal College of Physicians of Edinburgh, called to consider the Report of a Committee of their body, on the Bills for Medical Reform, which have been introduced into the House of Commons by Mr. Warburton and Mr. Hawes, the following Resolutions were unanimously adopted:—

“1st. That the College derive much pleasure from finding that the subject of Medical Reform, which has so often been under their consideration, and in which they have repeatedly endeavoured to interest the legislature, has at last been brought, in a tangible form, under the notice of the House of Commons; and trust, that the full discussion which the subject has received, and is receiving, from the profession at large, and the attention now about to be bestowed on it by Parliament, will lead to the removal of some of the evils of which the College have frequently had occasion to complain.

“2nd. That, in the opinion of this College, the great evil arising from the want of an uniform system of medical legislation throughout the united kingdom, is the possession, by particular corporations, of local privileges, which render their Licentiates alone legally capable of acting as general practitioners in particular districts and portions of the country, to the exclusion of persons of equal, and it may even be, of superior qualification.”

So far so good; but this, although apparently well said, is only for the purpose of bringing grist to the mill; for what do you think, good reader, is their seventh proposition?—why,

“That the persons of whom this Board (of government) should consist might probably be most advantageously selected by the Crown from lists furnished by this and the other boards at present intrusted with the government of the medical profession.”

And Resolution 11th runs as follows:—

“That among the obvious inconveniences with which the election of a representative body, by the medical profession at large, would be attended, the College conceive that it would have the effect of producing and continually renewing agitation and dissension among the members of the profession, and of directing their attention from far more important duties; whilst those who are best qualified for performing the duties that should be committed to a superintending body, would be least likely and least able to take those steps which are essential to the gaining of popular suffrages. And, as a farther objection to the Boards proposed, in the Bills before Parliament, to be established for the regulation of the profession, it may be remarked, that, from the multifarious duties intended to be committed to their members, and the necessity which would be imposed upon them from time to time, of leaving their homes for execution of these duties, it would be impossible to obtain the services of persons of eminence and station in the profession; and that the appointments would therefore fall into the hands of an inferior grade of individuals, in whom neither the public nor the profession would have confidence.”

We trust that this is quite sufficient to show the cloven foot of the present existing corporations, and to put the public on their guard against them.

As Mr. Hawes has now fortunately postponed the second reading of his Bill until next Wednesday week, there is ample time

for the members of the medical profession to prepare petitions, and to strive to get the clauses relating to Druggists re-introduced. *Concours* should also by no means be so completely disregarded; the getting up of these petitions is attended with no expense, parchment not being required. The petition need only be decently written upon a large sheet of paper, and the signatures attached on a few sheets pasted together, longitudinally in succession.—The members should not confine the signatures to medical persons, inasmuch as it equally interests the public.—We would advise the form somewhat similar to the following:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned,

Sheweth,

That for the want of proper medical legislation, the lives of the community are not duly protected.

That both the regularly educated medical practitioner, and the properly qualified chemist, are equally with the public unprotected against impostors.

That such is the nature of the Act of Parliament at present in force, that any person, however ignorant of the nature and doses of drugs, and the general principles of chemistry, may, unchecked by law, open a druggist's or a “doctor's shop,” as it is commonly termed, or can with legal impunity, assume for himself the right and liberty of maltreating broken limbs, dislocations, hæmorrhages, or any other surgical case, whilst any surgeon or physician, possessing a regular diploma accordingly (and not a Member of the Apothecaries' Company), however talented he may be, cannot charge for the administration or compounding of a single dose of medicine which he prescribes, without being the subject of a legal prosecution.

That the crews and passengers of outward-bound British vessels are, in the vast majority of cases, unprotected with medical aid.

That it is the belief of your petitioners, a vast number of lives are annually lost from the above-mentioned causes, and that the removal of the said grievances is a subject of paramount national importance.

Your petitioners therefore humbly pray,

That a Bill may be carried by your Hon. House this session, enacting,

That the members of the medical profession be enfranchised, by having a vote in the formation of their governing bodies.

That medical officers may be appointed to medical charities by concours, or a public test of their professional merit.

That all ships outward-bound for long voyages, be compelled to carry a medical man.

That the clauses relating to chemists and druggists, originally contained in the Hon. Member's Bill for Lambeth, (entitled, “A Bill to Amend the Laws relating to the Medical Profession”) be re-introduced, or that another bill be passed by your Hon. House this session, which shall not only prevent unqualified persons prescribing medicine, but also practising pharmacy.

That any person, without distinction, may be permitted to practise pharmacy, on passing the necessary examination.

And your petitioners, as in duty bound, will ever pray.

If any petitions *in favour of Medical Reform* be forwarded to us by Monday week next, directed to the “Medical Times” Office, we will take care that they shall be intrusted to Members of Parliament who shall support their prayer. There are two petitions at present lying for signature in the metropolis—one at the “Medical Times Office,” the other at Mr. J. Peplow's, 13, Tottenham Court Road.—Lastly, we say, Petition—Petition—Petition; what you do, do quickly; all the petitions must be presented before the second reading of the Bill.

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

To the Editor of the 'Medical Times.'

RESPECTED SIR,—I regret that an increased influx of business has, during the last few weeks, prevented me from forwarding you the results of the consumption of my midnight oil (a short six) so regularly as I could have wished. I am now, however, enabled to resume my pen with the assurance of regularity, and beg to inform you that I shall forthwith conduct our friends, Messrs. Swubs and Okes, to Paris, whose "doings" there, in the Medical Schools, I purpose to vary with those of the other students immortalized in your pages, whom they have left behind them. Minutes of their proceedings will be furnished every other week, and the alternate papers will embrace home subjects of equal interest to your readers, collected and edited by your obedient servant,
JASPER BUDDLE.

CHAPTER XVII.—CONTAINING MORE PLEASANT MATTER CONNECTED WITH THE COMMENCEMENT OF THE SEASON.

(Continued from p. 237.)

I WAS putting things in order one morning in the dissecting-room, sponging the subjects into something like touchable order, and hanging up the round frocks, oil-skin sleeves, and painted velvet caps, that our gentlemen used to work in, upon their respective pegs, when I discovered two letters lying upon a heap of sweepings of sawdust, biscuit crumbs, and adipose tissue in a corner of the room. Neither of them were sealed, although both were folded up and directed ready for the post, and I saw no harm in quietly reading them, and afterwards transcribing their contents upon two leaves which I tore out of a note-book which had been left upon the mantelpiece. No doubt I shall be blamed for committing so dishonest an action; but, like Rousseau, I have determined to conceal nothing in these my 'Confessions,' and whether the circumstance narrated adds to my credit, or detracts from my honesty, I will go unflinchingly through the task.

The two letters were from two of our students, named Price and Chillypup. The first of these gentlemen was a second year pupil, and his letter was addressed to a Mr. John Brock, whom I had often heard him speak of as his fellow-apprentice in the country, whom he meant to bring up to the same school when his time was up with his present master. The other, Mr. Chillypup, was a new man, who had entered with Mr. Whipples, because they both came from the same county, and lodged with that gentleman in some lane running out of Smithfield. He had directed his epistle to his father, and had certainly taken more pains with the writing and direction than the other. However, as Mr. Price is the senior student, I will give his epistle first.

Mr. Price's Letter.

To Mr. John Brock, — Street, Southampton.

DEAR JACK,—Here we are, as the Clown says in the pantomimes, all right and hearty, and damned glad the lectures have begun again. I write to you to let you know I have changed my lodgings this course, having had a flare-up with the landlady, because she said that she often heard two pair of legs going up the stairs when I came in at night, instead of one, which she wouldn't allow by no means, and begged me to stop such practices, or else find another lodging. I left the next day, and here I am, in a very jolly crib, on the third floor, bedroom and parlour all in one, at nine shillings a week, only paying for what fire I burn, and allowed

to use my own blacking and brushes, the former of which I get in pots at one penny each. I find it best when I intend to have a fire occasionally for an hour or two in the evening, to buy my own coals: I get them at the potatoe shed at the corner of the street, and keep them in my carpet-bag, which does very well to fetch them in, and looks respectable, only it makes the lining rather dirty. I have, of course, got the key, and come in at what hour I please, which on the evenings of the balls at the Colosseum, I find devilish convenient. We had a capital lark there last week. I got as drunk as a piper, and tumbled smack down in attempting to waltz, upsetting the whole of the refreshment table into the middle of the room, just as Swubs, who was rather sprung too, was lecturing on the preponderance of animal gelatine over *ichthyocolla* in the shilling jellies, which, upon my soul, I think are only thin glue and moist sugar. We had not money enough to pay for the damage, so I left my watch in pledge with the proprietor, but I hav'n't got a blessed rap to get it back again with, so that if you can lend me a little tin I will thank you very much, and will pay you again when I pass.

The school has very much improved since last session, in spite of an immense importation of "new regulation" snobs. We have subscribed for boxing-gloves and single-sticks, and have sparring matches in the dissecting-room every Wednesday and Saturday. I think this a much more rational way of spending your money than humbugging about, buying books, and taking extremities of oedematous old men and shrivelled old women. I have sold all my library on very advantageous terms to some of the new men, and spouted my dissecting-case for seven and sixpence, except the abdominal hooks, which I use to fasten the muffs to their stools with. I have likewise hung some prints round my bedroom, in frames which I cribbed from the pupils' reading-room. They contained advertisements from stethoscope turners, surgical instrument makers, and the like class. I, however, left their announcements behind, as I did not wish to hinder the poor beggars from getting a job or two.

Tell old Tubbleby I send him my love, with many thanks for his kindness when I was his apprentice, and be damned to him; and in return, when he comes to London, I shall be very happy to see him, and show him the outside of St. Paul's, or any other little attention that won't cost me anything. If you can contrive to come up by the rail for a night or two let me know, and you can have half my straw, or a shake down upon the rug, though I don't suppose we shall be at home much, but, whatever you do, don't forget the brads.

I cannot tell you much about the school, for I have not been there for a fortnight, I really am so engaged. I have been going to begin to read 'next Monday' for the last ever-so-long, but something or another always occurs to hinder me. If the old governor asks what I have written to you about, tell him I've recommended you to make anatomy your sheet anchor, and study the bones well. I do, I believe you, every other night at the Coal Hole, broiled, with Tally-ho sauce; and I have made several dissections of kidneys at the same place. You may likewise tell the old boy that I am reading very hard (so I am—'Bell's Life' and the 'Satirist,') and am finishing an elaborate injected preparation of the fore-arm, which I shall bring down with me. Of course it will be stolen just before I leave London—you understand.

If Mary Anne should ask you for my address, tell her you don't know it, but you

think I have gone as assistant-surgeon in an Australian emigrant ship, and that it is quite uncertain when I shall return—probably not at all, if I find anything there to suit my purpose. I think this is the best cram we can contrive, at the same time let me caution you not to be so fond of using the ergot of rye, or you will get into a scrape some of these days. You should only give it in perfectly natural presentations, when the *os uteri* is quite dilated, but the action entirely ceased. In such case, even if the head is very low, it is always preferable to using forceps.

I must now finish, for they will be out from lecture in a few minutes, and I am writing this in the museum. Remember me to the boys at the Infirmary, and tell them when I come down we will paint the lions' heads on the Bar gate, and if I pass I'll stand a supper at the Royal George, if Higgs will do it reasonably. What sort of a fair did you have? Was the Vauxhall good at night, and did the Houndwell beauties show out there? Tell me all this in your next, and believe me to remain, yours truly,
JIM PRICE.

P.S.—You can come up in the goods train for seven shillings, and jolly good fun into the bargain. Send an answer.

I carefully refolded this interesting document when I had transcribed it, and placed it in the pocket of Mr. Price's apron, which I found in the museum. I now turn to the other epistle.

Mr. Chillypup's Letter.

To William Chillypup, Esq., Rupton Lea, Somersetshire.

MY DEAR FATHER,—Having a spare half hour from the almost unceasing labours of my curriculum of study, I cannot, I think, employ it better than letting you know in what manner I am going on at the commencement of this my first season. I have some comfortable lodgings in Alfred Street, with only one drawback. There are some very dissipated young men on the floor above me, who are perpetually smoking and drinking beer, and their noise sometimes confuses me when I wish to study. They never seem to take any tea, nor have the slightest idea of rational conversation, but I have firmly but mildly refused their approaches to intimacy, and now they make a strange noise at me when they meet me on the stairs, by inflating their cheeks, and expelling the air suddenly.

My time is pretty well occupied. I rise at eight, and having breakfasted, I attend *Materia Medica* at 9. From 10 to 11 I take notes at the chemical lecture, and then attend demonstrations until 12. Between 12 and 2 I go round the hospital, and am astonished at the levity with which the young men regard the sufferings of the poor afflicted persons in the wards. At 2 we go in to the anatomical lecture, previous to which, however, I refresh myself with an Abernethy biscuit and a glass of water. This keeps my head clear, and prevents my going to sleep on the benches, which is generally the case with those who take immoderate quantities of half-and-half. From 3 to 4 we have an interesting and elaborate lecture upon practice of physic, and that is succeeded by the lecture on surgery until five, when I go to dine at an eating-house, close to the hospital, where they make very excellent a-la-mode beef. I then go home and read over all I have heard until bed-time, when I occasionally indulge in a glass of porter, and a baked potatoe from the man at the top of the court. They sell them for one half-penny each, which includes butter and pepper.

I have bought several books upon various subjects connected with the lectures, as well as an ink-stand, a blotting-book, and some steel

the urine, stops up the passage, and thus occasions such violent pain, that children who are afflicted with the stone rub and draw out the penis, under the idea that the whole cause of their uneasiness lies only there. That such, as I have described, is the case, is very plain, for the urine which passes off in cases of stone in the bladder, is clear like whey, on account of the turbid and thick particles remaining behind, and being collected together.

In this manner is the stone generated in the bladder, for the most part; but children may contract the disease from their (mother's or nurse's) milk, if the same, instead of being wholesome, happen to be very hot and bilious: in such a case, the bad milk heats the belly and the bladder, so that the urine becomes of a burnt and turbid nature, and the patient accordingly suffers as has been described. In my opinion, therefore, it is good to give children a little *wine* very much diluted with water, for this will burn and dry up the vessels much less than water alone commonly does. Girls are not affected in this way as boys are, for their urethrae are so short and wide, that the urine is easily forced out (however turbid and gravelly). Besides, they do not rub the part with their hands, as boys do, nor do they touch the urethra, because that perforation is *within* the pudendum: their passages, too, being large, they make more urine than boys.|| This is the case as regards the causes of the disease of stone in the bladder, at least very near it.

(To be continued.)

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 20th February, 1841:—

Epidemic, endemic, and contagious diseases	160
Diseases of the brain, nerves, and senses	162
Diseases of the lungs, and other organs of respiration	354
Diseases of the heart and blood-vessels	23
Diseases of the stomach, liver, and other organs of digestion	78
Diseases of the kidneys, &c.	2
Childbed, diseases of the uterus, &c. .	15
Diseases of the joints, bones, and muscles	9
Diseases of the skin, &c.	0
Diseases of uncertain seat	125
Old age, or natural decay	92
Violent deaths	32
Causes not specified ..	4
Deaths from all causes	1056

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, February 26, 1841:—

John Philipps Davies.
Arthur Frederick Macaulay.
Edward Oliver Golding.
Frederick Williams.
Thomas Taylor.
William Alfred Newman Cattlin.
James William Turner.
Joseph Cave Spicer Jennings.
Higginson Fayle.
Thomas Potter.
Thomas Wheatley Hiron.

|| The words are *Kai pinousi pleion 'n oi paides*, which signify exactly as above; but may we not be allowed to suppose that, instead of "more" as regards actual quantity, Hippocrates must have meant a stream of wider dimensions, on account of the superior calibre of the female urethra? Actual quantity in a given space of time does not depend upon sex, but on the quantity of fluid imbibed by the individual, as well as on active or inactive state of the skin and other secreting organs.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

PALLIATIVE TREATMENT FOR THE STONE.—LITHOTRITY.—LITHOTOMY.—LATERAL, HIGH, RECTO-VESICAL OPERATIONS.—CUTTING INTO THE URETHRA.

PISTULA IN ANO; TREATMENT.—ABSCESS.—PILES.—HÆMORRHOIDAL EXCRESCENCES; TREATMENT.—STRICTURE; TREATMENT.—USE OF BOUGIES.

Calculus in the Bladder.—The only effectual remedy for the sufferings that are produced by stone in the bladder, is, the removal of the cause. The sufferings of the patient, however, admit of alleviation by other means, the cause still remaining. There are palliative measures of treatment that may be adopted under circumstances where it is either deemed inadvisable to proceed to the operation, or where the patient does not choose to submit to it.—The increase of the stone can be prevented, and at the same time the symptoms under which the patient suffers mitigated, by altering the condition of the urine, and by remedying that unhealthy state of it on which the growth of the stone by successive depositions of new matter depends. You might suppose that the effect of such a change would be limited simply to the prevention of the further increase of the concretion; it is found, however, that it also tends to mitigate the sufferings of the patient; so that although the stone still remains, if the urine can but be brought into a completely healthy state, the patient will suffer but very little—experience very little inconvenience from the presence of stone in the bladder. Before the changes, which the chemical composition of the urine undergoes in calculous disorders, were well understood, common experience led medical men to repose great confidence in the use of *alkalies*, in a great number of such complaints. I mentioned to you in the last lecture, that, of the concretions that constitute stone, a very large number of them owe their origin to *lithic acid*; so that you see a state of the urine loaded with that acid prevails in the larger proportion of cases of this complaint. The remedy for this state of the urine consists in the exhibition of alkaline substances; the pure alkalies, the carbonated alkalies, soda water, may be given under such circumstances; magnesia is often very useful; soap and lime-water have also been administered under such circumstances, and the proper administration of these means, combined with attention to the regulation of the diet and state of the bowels, will often destroy that acid state—completely suspend the deposition of the lithic acid, and prevent the further concretion of that particular ingredient. But in other cases the morbid state of the urine is of the opposite kind; there is a predominance of alkali in it; you find under such circumstances, that it has not, as in the lithic diathesis, the property of reddening vegetable blues, but that it will deepen the colour of turmeric paper, and that in a short time after it has been evacuated, it will have a strong ammoniacal odour. Here the contrary remedy is necessary, you must exhibit acids.—You might, *a priori*, have doubted whether medicine taken into the stomach and submitted to the action of the digestive organs, would change the state of the urine, or, at least, so far alter its chemical properties, as to take away those predominant qualities that I have mentioned. It is, however, found by experience that it does, and that by the exhibition of alkalies in the acid state of the urine, and of acids in the alkaline state, you may not only destroy the predominant quality, but convert it into an opposite state; by the exhibition of alkali you may not only destroy all acid, but convert the particular diathesis into an opposite one; that is, bring on an alkaline state of the urine, and the converse; so with respect to the exhibition of acids. There can be no doubt, therefore, that certain medicines exhibited by the mouth are capable of affecting the state of the urine; and by their exhibition you may, as I have mentioned, not only prevent the further increase of the concretion in

the bladder, but materially relieve the sufferings of the patient. The great pain which exists in these cases, naturally leads you to think of the exhibition of *narcotics* as a palliative measure for the relief of the patient, and they are often of very great service; opium and hyoscyamus are perhaps the two best; the latter is the most eligible, unless there are particular circumstances requiring the stronger sedative power of opium. In that condition of the urine in which there is a disposition to the deposition of phosphates, it is said by Dr. Prout that the administration of opium is to be preferred.—I may observe to you that this treatment with respect to the state of urine, is not merely applicable to stone in the bladder; it is equally so to that state of the urine, in which the formation of the stone has not taken place; and, indeed, may be more necessary in that state, for its adoption may prevent the concretion or formation of stone taking place. It is found that the *lithic acid diathesis* is the most easily corrected, and that the *phosphatic diathesis*, that in which the urine is alkaline, is much more serious—it is apt to occur in persons whose constitutions have been much debilitated, and to be attended with serious symptoms of debility; and combined with this change in the general state of the health, there is great pain and excruciating sufferings about the urinary organs. Under such circumstances, it has been observed by Dr. Prout, that the free exhibition of opium is calculated to afford great relief; for example, to the extent of one or two grains once or twice, or three or four times, in the course of the four-and-twenty hours, until the symptoms are overcome. The warm, the tepid, the hip-bath, or fomentations, are other means of a palliative nature. The sufferings of the patient are very considerably increased by the motions of the body, therefore rest, which keeps the stone from rubbing against the sides of the bladder, is also very important. Attention to diet and the digestive organs, will of course be combined with the measures I have mentioned. In the case of the lithic acid diathesis, where the stone exists, the use of the alkalies will often bring the patient into that state of ease, in which he hardly thinks it necessary to submit to the more effectual means of getting rid of the complaint. But in the case of the existence of stone in the bladder in the phosphatic diathesis, the ease that we can afford is not so great; we have not that power of changing the state of the urine which we have in the lithic diathesis, the health altogether is more broken, and the patient under such circumstances, not finding his sufferings mitigated, is of course compelled to have recourse to the operation.—If, then, those palliative means do not afford sufficient relief to a patient labouring under the stone, we come to consider the means by which the stone can be removed. Now, I may observe to you generally, that these palliative remedies are not confided in as means for relief where a stone is known to exist, they are more calculated for those states of urinary depositions, in which calculous concretions have not yet occurred; for although you might mitigate the sufferings of a patient under stone for a time, while the cause exists, any slight circumstance may again renew the sufferings of the patient, so that he lives either in constant apprehension, or in a state of alternate suffering and ease; generally speaking, therefore, patients who have a stone in the bladder, are willing to submit to the adoption of some measure by which the stone can be removed from it altogether. I have mentioned that a small concretion, frequently after passing from the kidney, where it was originally formed, into the bladder, is expelled with the urine through the urethra; that it does not remain in the bladder, and consequently does not increase in size so as to form a stone. When the symptoms which have indicated the passage of a concretion from the kidney into the bladder have existed, and it has not been voided, we may adopt means calculated to favour its ejection through the urethra; we may administer active aperients, put the patient into the warm bath, and give diuretics; we may, perhaps, pass instruments of large size through the urethra to dilate it, and thus facilitate the expulsion of the small nucleus. While the concretion is still small, we sometimes are enabled to ex-

THE ANATOMY ACT.

LETTER III.

TO THE RIGHT HON. LORD MELBOURNE.

MY LORD,—Had Mr. Warburton told me, when I was brought into communication with him, in March, 1836, that the Anatomy Act was a bit of pocket legislation, for the benefit and profit of a select party of supporters of your Lordship's political interest, there would have been, however censurable the fact, a degree of honesty in the avowal. Honesty might surely have been expected in such a case, even when it appeared to militate against his interest.

At the early part of my negotiation with Mr. Warburton, the University College Anatomical School was rapidly increasing the number of its pupils; and he did not wish to divert the channel, which produced an income to that corporation of several thousand pounds in 1837 and 1838 over the year 1836, by an open hostility to my invention; it was therefore, no doubt, imagined wise policy to dilly-dally with me, and thus prevent me from availing myself of the advantage of my own invention under a patent, by keeping me in a state of expectancy for two years by mock negotiation, upon a matter which, had he been sincere, would have been satisfactorily completed in two months. Were this, my Lord, a case, which related only to the bad faith of the government to an individual, it would be interesting to the community, inasmuch as one act of tyranny invariably gives rise to another.

Every reflecting mind must feel the necessity for the obedience of the people to the laws of the land, as requisite for the good order of society; but if the people are bound to obey the law for the common interest of all, I will leave it to your Lordship, as head of the executive, to award the amount of condemnation due to your own government, for officially disobeying the Anatomy Act, and instead of permitting it to operate for the benefit of society, making it by their own well-paid officer an instrument for the private emolument of certain government partisans.

Your Lordship will find, upon reference to the certificate signed by Sir Astley Cooper, Sir Benjamin Brodie, Mr. Joseph Henry Green, Mr. Macmurdo, and many other anatomists of high standing, that they state "we shall be glad if any means can be devised to bring Mr. Roberts's antiseptic process into use, without obliging the inventor to tie it up by patent right;" then they give one of their reasons, "that its application would materially promote the objects of the Anatomy Act," directly proving that this Act requires aid to give it effect. This assistance is particularly necessary to the burial clause of the Act; as under my process of preventing decomposition, every subject might be identified after dissection, and then buried; whereas under the system now pursued, subjects are not buried, but allowed to rot upon the dissecting-tables. I have the authority of a guardian of the poor of St. Marylebone parish, that he having found that the shells returned from schools of anatomy to the parish for burial, contained only a few bones to represent the bodies sent for dissection, he at once refused to consent to a further supply, and now none are sent from that large parish. I am not authorised to use the names of other parish guardians, otherwise I would refer your Lordship to the cause of the stoppage of supply to anatomical schools, from Whitechapel, Mile-end, and several other parishes. It is, however, enough that I am enabled to furnish your Lordship with an established case in Marylebone, which proves that the professed

object of the Anatomy Act has been frustrated, through the connivance or neglect of the government by its mal-administration.

Permit me, my Lord, to carry this point a little further. The following petition was printed by order of the House of Commons; it contains matter admitted to be important; but were it not for any other reason, the reference therein made to the inspector is of itself sufficient to demand investigation.

The humble petition of William Roberts,
of the city of London,

Sheweth,

That your petitioner is the inventor of a process to keep subjects intended for anatomical purposes, in a natural, fresh, and moist state, free from decomposition, for months, and, if required, for an indefinite period.

That your petitioner's invention would prevent the loss of students' lives from the infection of animal poison, and also prevent destruction of health occasioned by the unwholesome atmosphere of dissecting-rooms.

That your petitioner's process would remove the present difficulties which the profession have to encounter from the deficiency of material, as one preserved subject would give more anatomical knowledge than is now obtained from five subjects allowed to decompose in the ordinary course of nature. It would also give the means for summer dissection, which is an important consideration.

That your petitioner, at the request of the leading anatomists in London, applied, through Mr. Warburton, M.P., to the government, in March, 1836, to adopt your petitioner's invention, for the purpose of remedying the evils occasioned by the defects of the present Anatomy Act (under the control of the Secretary of State for the Home Department).

That your petitioner was informed by Mr. Warburton, in February, 1837, that "the Chancellor of Exchequer considered the invention of great importance, and had in consequence desired him to make a report as to its completeness." Mr. Warburton then informed your petitioner, that the only terms upon which he would consent to make a report were, that your petitioner should put him confidentially in possession of the secret of the process. Your petitioner did so impart to Mr. Warburton the process; and was assured by him, if the invention was found to be complete, that the government were bound in honour to remunerate your petitioner.

That your petitioner was informed by Mr. Warburton, in January, 1838, he had made a favourable report to the Chancellor of Exchequer, and recommended that your petitioner should receive compensation. And he added, that "the Chancellor of Exchequer only desired a few days to search into precedents for making private grants."

That your petitioner received a letter from Mr. Warburton, in April, 1838, stating, that, unknown to him, the Chancellor of Exchequer had transmitted your petitioner's papers to Lord John Russell, and that gentlemen opposed to summer dissection had prevailed against your petitioner.

That your petitioner could have used his invention as a secret process, had it not been communicated to Mr. Warburton, but the benefit to your petitioner has been destroyed through Mr. Warburton having had the invention imparted to him, upon the faith that the government desired to be satisfied as to its completeness.

That your petitioner submits, that the government should not have authorised a report, unless they intended to make the invention available for public benefit. Your petitioner is deeply injured by the course complained of, as your petitioner devoted much time, at considerable hazard to his life, and also incurred a large expenditure, in completing his invention.

That your petitioner submits, that, in consequence of the public objection against dissection, all reasonable means should be used to prevent disgust, or unnecessary waste of subjects.

That your petitioner is prepared to prove before your Hon. House, that the Anatomy Act is valueless, either as to its protection to the public against

murder, or to its capabilities to supply the wants of the profession; and that your petitioner's invention would give the security which the public interest demands, and the means which the profession require to obtain legal anatomical knowledge.

That the said Act only refers to entire subjects; parts of subjects are in no way protected by the Act. Your petitioner knows that parts of subjects are sold, independent of the restrictions of the said Act.

That the inspector, who is paid out of the public purse, has either neglected his duty, or connived at the contravention of the said Act.

That the said Act provides for three inspectors, but only one (Dr. Somerville) does the duty. This arrangement gives facility for the operation of partisanship.

That the said act is so framed, that the inspector can destroy its operation whenever it suits his convenience. The inspector has also the power to keep anatomical teachers, who are not in his favour, without subjects at a time they are most required.

That your memorialist humbly submits to your Hon. House, that there are between fifteen hundred and two thousand pupils, thirsting to become proficient in their anatomical studies, who are suffering all the evils of empirical instead of practical knowledge—evils alike destructive to their own happiness and the welfare of the community.

Your petitioner therefore humbly prays—

That your Hon. House will institute rigid inquiry as to the motives why your petitioner has been so unfairly treated.

That unnecessary waste of paupers' remains may be avoided.

That the health and lives of anatomical students may receive favourable consideration.

That the contravention of the Anatomy Act be discontinued.

That proper inspectors of the said Act be recommended.

That the importance of your petitioner's invention may be fully investigated, and that your Hon. House will adopt such measures as appear in your wisdom requisite to attain the aforesaid objects.

When this petition was read in the House of Commons, not one word was advanced in denial of the allegations which it contains; but Mr. Warburton, as one of England's philosophical legislators, very dignifiedly rose in his place, and said, "Had this petitioner discovered the philosopher's stone, he would not be entitled to the sympathy of this House, because he has published a paper injurious to the operation of the Anatomy Act." This was all the reply, if reply it could be called, which was made to this petition.

My Lord, had Mr. Warburton shown that I had published matter untrue and injurious to the legal operation of the Anatomy Act, he might have been tolerated, although not justified for the duplicity of his conduct; but he is without excuse for the course which he adopted, because he had been in possession of the very document which he now charges as being so injurious nearly two years, during which period, my Lord, this very man had professed to be sincerely engaged in promoting my interest, and had so successfully carried on the delusion as to obtain from me the secret of my invention, under the assurance that the government had authorised him to make his report as to its completeness; yes, my Lord, it is a fact, that such is the conduct of Mr. Warburton. I will not attempt to find words to express my opinion of such conduct—I will leave it to your Lordship to prove your estimation of it in your future dealings with him.

If your Lordship refers to the petition you will find I do not ask for sympathy, but justice for myself and the public; and this appeal has been met, not upon its merits, but by subterfuge and evasion. I think I may be per-

mitted to assert that hereby another proof is established that the facts contained in the petition are too strong to be refuted, otherwise your Lordship would not have allowed the statement therein contained to remain uncontradicted.

I have already shown that the lives and health of anatomical pupils have been set at naught, an *etne* interest of the public sacrificed to enable *some* of your Lordship's political supporters to traffic in the remains of the destitute poor.

In my next letter I will solicit your Lordship's attention to the fact (upon the authority of the statement of Mr. French, M.P., in the House of Commons), that the inspector, Dr. Somerville, has been receiving upwards of 800*l.* per annum, although he is only allowed 100*l.* per annum salary under the Act. I shall then proceed to show why he has been so lavishly rewarded out of the public purse, and the connexion he has with the machinery used to work this celebrated Act of Parliament.

I have the honour to remain, my Lord,
Your most obedient humble servant,
W. ROBERTS.

6, Old Fish Street, Nov. 25, 1840.

REVIEWS.

Retrospect of Medicine and Surgery. By W. BRAITHWAITE, Esq. No. II. July to December. London: Simpkin & Co.

ON a former occasion we felt it to be our duty to recommend this really useful work to the notice of our professional brethren, and the appearance of a second number has in no way induced us to alter our opinion. It is, indeed, melancholy to reflect on the ignorance which is displayed by a vast number of practitioners of the improvements that are daily taking place in medical science: of these, some unfortunately exhibit no desire to add to the scanty stock of knowledge which they acquired during their pupilage. But even among those who are anxious, in some degree, to keep pace with the progress of science, how few there are that can spare an adequate portion of time, from their daily routine of professional slavery, for such a purpose. And though our periodical literature has effected a vast deal for the general improvement of the profession in this particular, still it must be obvious that men in extensive practice, more especially in the country, cannot be expected to read their journals with that studious care which, after all, is necessary for the discovery of valuable information. Besides, periodicals have chiefly a local circulation, so that the English, Irish, and Scotch have each their respective medical journals, and, in the majority of instances, practitioners of one part of the country but seldom peruse journals that are published in another, perhaps remote district. Under these circumstances, such a work as that now under consideration may be regarded as an addition of great practical value to medical literature, for while men so circumstanced will still peruse their one or two periodicals for the politics, reviews, and general or local news of their profession, they have now the means afforded them, by a work of this kind, of ascertaining, clearly and in a very short time, all that has been contributed during the preceding six months, on any particular branch of medical science, not derived from one source alone, but from the whole range of medical periodicals in Great Britain and America. We cannot illustrate this better than referring to the article on Squinting; a subject which has really become quite nauseating, from the endless communications that have appeared in various journals, under the head of 'Squinting Controversy.' In the book before us, all these

controversial matters have been omitted, while the various modes of operating, as exercised by different men, have been clearly explained. We will only add, that it possesses the additional excellency of being 'got up' in a manner that is highly creditable to the press, and that it is published at a very moderate price.

TO BENJAMIN HAWES, ESQ., M.P.

SIR,—I am induced to send you this communication, owing to your having so unreservedly distributed copies of your former bill among the members of the Medical Profession,—your having so frankly solicited their opinions regarding the merits or de-merits of its different clauses—the promptness with which you produced it, after having made the first announcement of your intention—and which appeared to form so striking a contrast with the very dilatory, wily, and covert, conduct of other parliamentary members, who had pledged themselves long before in the cause of Medical Reform; as well as more particularly on account of your revised bill being appointed to be read a second time on Wednesday next.

I shall venture, Sir, in the first place, to state what I think is good in your bill;—2ndly, what is bad;—3rdly, what I think should be added;—lastly, what I think ought not to have been left out of your former bill. With regard to the propositions which you have advanced in your Bill for the formation of the three medical councils, one for England, another for Ireland, and a third for Scotland—also for the constitution of the senate, viz., that the members of the profession shall elect their own council every three years, that the said council shall appoint their registrars, elect their president, appoint their officers, and determine their salaries; that these three councils shall unitedly elect the senate every five years, each of them consisting of three individuals; and that the said senate shall have the power of making by-laws to regulate the education of students, and the examinations for diploma of qualification to practise medicine—there is no doubt that the principle which you have here espoused is the only good, honest, and rational one, and which every unprejudiced individual who wishes well to society will hail with delight to see established.

The regular members of the profession are, as you prove yourself to be convinced of by the detail of your Bill, sufficiently enlightened to be enfranchised equally with the constituents of the Honourable Member for Bridport, ("butchers, bakers, greengrocers, and tailors,") who have the power of sending their own representative.

I make use of the above quotation, not intending it as an insult to persons in any avocation, but in reference to a communication lately made by the Honourable Member to Dr. Webster, highly complimentary, to be sure, both to the medical profession and to *his* constituents.

"If the whole body chose the Council," says Sir C. Bell, "we should have more eminent men. Persons should be chosen by what they have done for the profession," and it would matter little whether the meritorious individual so chosen and capable of exerting himself be thirty or fifty years of age.

The members of the profession, individually or collectively, have not, as yet, obtained their just rights and privileges to which, by moral and professional merit, they are entitled. They have as yet never been acknowledged by the ruling powers as a civilized body—for you know, Sir, full well what is meant by a complete state of civilization; it is this—when all members of a community possess sufficient

knowledge to know how to make a just use of their enfranchisement. But *their* civilization is not acknowledged until they *are* enfranchised; this *knowledge* the members possess, but their *right* they have not yet obtained. The latter *you* would afford them, whilst Mr. Warburton, after all his tantalization, would withhold.

The representative system of medical government has been objected to by some interested individuals, upon the grounds that it would be the means of renewing and increasing agitation—of diverting the attention of the profession from more important duties—that those best qualified to fill offices would be the least able to devote *time* to the attainment of popular suffrages—and that owing to the multifarious duties connected with such appointments, it would be impossible to obtain the services of professional persons of eminence. Now, Sir, this is indeed measuring the proposed new order of things according to the present, but now worn out, system. So far as it concerns the *time* to be devoted to the attainment of popular suffrages, I do not suppose that a man would go traversing the country intriguing to obtain votes. No such a thing. The man who pursued such a course would be scouted and despised as lower than the commonest pecuniary beggar. It is this species of canvassing which now disgraces too many of the not *too much talented* of the profession, and which Medical Reform would remove.

On the contrary, Sir, when Medical Reform is effected, every man will rest upon his own moral and professional worth, and upon the strength of that only will he be elected, and obtain those emoluments of the profession which he deserves.

As to the *multifarious duties* which the office of Councilman or Examiner would impose, it may be presumed that they would occupy much about the same length of time that the corresponding duties do at present. And are not the present members of the medical councils and the boards of examiners able to pursue their professional avocations?

It has been proposed by the same objectionists, that the superintending body should be selected by the Crown from lists furnished by the various medical boards of government at present existing. Would this be reform?—No!—It would be proceeding from bad to worse, inasmuch as it would comprehend a combination of two of the very worst kinds of patronages, viz., that of our present monopolies, the great complained of grievance, together with that of the cabinet ministers of the day, who are always to a certain degree fond of jobbing; they dispense their places *politically*, and you know it, Sir, using it as a means of retaining and strengthening their *political* positions, and in a ratio as they bestow professional appointments from party or interested motives to political partisans and friends, so must they wrong professional talent and worth, produce excitement, dissension, disappointment, disaffection, and agitation; and thus will they discourage the prosecution of science. Sir, I sincerely hope that you will adhere tenaciously to the position you have taken in reference to this topic, the representative government of the profession; and not relinquish it on account of the slight opposition which you will doubtless have, and must expect.

But, Sir, I come secondly to the *Constitution of the Board of Examiners*. You propose that the Council shall appoint Examiners—here I beg to dissent. It seems very doubtful to me whether the Council and Board of Examiners should be so combined. The former, or at least the senate, will be a governing or executive body (should your Reform Bill become a law) under the authority proba-

ease, where you find the coats are not only greatly thickened, but hardened, the disease also extending to the surrounding structure, and you observe that the opening is reduced in dimensions, so as only to admit of the entrance of a goose-quill. This is another example of that kind, where the scirrhus change of structure occupies a considerable extent of bowel; the coats are very much thickened and altered in structure, and there is a considerable scirrhus induration externally, by which the uterus and vagina are consolidated into one mass with the rectum. This is another form of disease, in which the mucous membrane seems to be formed into a large spongy soft excrescence, and this patient was affected with all the symptoms that would be produced by stricture, for this spongy state of the membrane diminished the dimensions of the bowel.—Thus you may have several changes of structure taking place in the bowel, all which, however, produce symptoms of a lessening of the dimensions of the canal; and inasmuch as they offer a mechanical impediment to the passage of the fæces, present certain symptoms in common. *Costiveness* gradually increasing, and coming to that degree that the patient never gets the bowels relieved except with the aid of purgatives or glysters, is one of the symptoms produced by these affections; and one that particularly characterises them, is difficulty in the passage of the fæces through the contracted part, so that the patient is much longer in emptying his bowels than other persons. Frequently the patient passes with a good deal of difficulty a certain portion of the motion, and then after a little time feels that he again wants to go to stool. The fæces passing through a part that is much smaller in dimension than it should be, are themselves reduced in size; you find them, perhaps, the size of your little finger, even smaller, and this circumstance is observed whenever the fæces are of a solid form. Occasionally they are not only diminished in size, but they are flattened in shape; there is some external figure impressed upon them, depending on the particular configuration of the opening through which they pass. These are some of the immediate consequences of stricture of the rectum. When the proper excretion of the fæces is thus impeded, and when habitual costiveness is produced, other parts of the digestive organs suffer, and the general health becomes affected. We cannot, however, be certain that stricture of the rectum is the cause of any of the symptoms under which a patient labours, unless we have the power of *feeling* the contracted part of the gut with the finger, or of ascertaining its existence by an instrument introduced there—a *rectum bougie*; and, indeed, we can hardly get clear evidence of the fact when stricture is higher up in the bowel than we can reach with the finger; for you will recollect, that the course of the rectum is by no means straight, and the surface of the intestine is not smooth and uniform; in its natural state there are folds and irregularities which present obstacles to the passage of an instrument along it. When, therefore, you have got to pass an instrument some inches up the bowel, you are very uncertain whether your inability to pass it beyond a certain extent proceeds from an unnatural obstruction in the bowel, or from some fold or irregularity of its surface. In all instances, therefore, when the disease in the bowel is situated higher up than you can reach with the finger, the evidence is more or less uncertain, unless the difficulties in the evacuation of the fæces, or the peculiar configuration and diminished size of them, should be very marked.—*Treatment*: The costiveness which the patient experiences, is the first point to which you must direct your attention. You should administer mild aperient medicines, by the mouth in order to relieve that state of the bowels; castor-oil and other mild aperients may be employed for this purpose. Frequently you find that these are inefficacious, or at least that they do not accomplish what you desire, that mild means do not answer the purpose, and that purgatives of a more active kind, though they do empty the bowels, only add to the patient's sufferings. This inconvenience can be overcome by injections: you throw in warm-water or gruel, and bring away the contents of the bowels above the stricture in a way in which they are evacuated with ease. This is a very advan-

tageous way of evacuating the bowels under those circumstances; by one or other of those means, you must of course provide for the regular evacuation of the bowels in cases of this description. You must of course pay attention to the nature of the diet, for on this will depend the quantity and nature of the intestinal evacuations, and of course this circumstance will very materially influence the difficulty or facility with which the end in view is to be accomplished. In the progress of these affections, more particularly when the disease is of a scirrhus kind, the patient experiences all the sufferings which cancerous or scirrhus disease in other parts of the body produces. The disease being communicated to the parts around, the affected bowel forms such growths as you here see. Very commonly the urinary bladder, or in the female the uterus, is involved. The pressure above the stricture produced by the attempts to evacuate the bowels, causes inflammation of the parts, and sometimes the formation of matter, or ulceration; thus communications may be formed either with the bladder or uterus; or matter may be deposited in the neighbourhood of the stricture, and be discharged externally, if the stricture happen to be low down, or make its way into the bladder if the stricture is high up. The contents of the rectum pass through the openings thus formed into the bladder or uterus, and thus great increase of suffering is produced. Under such circumstances, the employment of *narcotics* internally, and more particularly locally, in the form of injection becomes absolutely necessary. After throwing up a common injection, so as to relieve the bowels, it is a good plan to throw in an opiate injection, and to allow it to remain there. By this means the sufferings of the patient are considerably alleviated, and perhaps no further inconvenience will be experienced till the time comes round again, when the bowel is filled above the stricture.

Use of Bougies.—It is a question in those cases how far the stricture can be relieved by the introduction of bougies. When the stricture is situated so near to the anus that you can examine it with your finger, and when you can, therefore, ascertain with considerable certainty something of the state of the bowel, when you can ascertain by such means how far the mechanical irritation of dilatation will be borne, you may cautiously employ bougies, as in the case of stricture of the urethra, but you must employ them under the same kind of restrictions and cautions as in that case. Indeed you may find it necessary to be even more cautious in the case of the rectum than in that of the urethra, inasmuch as you are so much more uncertain when you meet with a difficulty whether you are pressing against strictured or sound parts of the gut. You must employ instruments which will not be likely to injure the bowel. Very commonly you find instruments of elastic gum recommended for this purpose, which have the advantage of being sufficiently smooth, but they do not readily accommodate themselves to the course of the canal; I do not consider them eligible instruments, therefore. You had better use rectum bougies made of a soft composition; and I consider, indeed, that the common plaster bougies that are used for the urethra, are not of a sufficiently soft substance for a rectum-bougie. There are rectum-bougies made for the purpose, of a composition so soft, that if you dip them into tepid water they will be immediately softened, and very well adapted for the purpose. These are what I would recommend; and you should never employ any force. If an obstruction is presented, you had better withdraw the bougie and ascertain, if you can, what that obstruction is, and restrict yourself to such a sized instrument as will go without difficulty through the strictured part, and increase the size of the stricture by degrees; make use of the bougies rather as subsidiary, than as principal means, and employ them in order to assist the effect of the other treatment which I have already particularized.

Accounts from Jamaica exhibit a distressing picture of the fatal ravages committed there by virulent fever, which has been almost unprecedentedly violent in its attacks. The military class of the population, in particular, is said to have suffered severely from this deadly scourge.

FOREIGN SOCIETIES.

ANATOMICAL SOCIETY, PARIS.

Venous erectile Tumour of the Upper Lip, and musculo-cutaneous portion of the Septum Narium—Peculiar treatment.—M. BERARD, of the Hospital Necker, traversed this tumour with common pins, which having removed at the end of some days, he instilled into their orifices the acid nitrate of mercury. This produced violent inflammation, and abundant suppuration; several gangrenous spots were formed, but the tumour was transformed into a tissue, *sui generis*, of a fibrous membranous appearance. The deformity of the lip was not much improved by the change, and remained two or three times larger than in its natural state.—About two months afterwards, M. Berard effected the ablation of the tumour by making his incision along the edge of the lip, and dissecting under the skin, which he preserved. The mucous membrane and muscular fibres which were cut away were reproduced at the end of about twelve months.—M. MERCIER expressed his opinion that the tumour would have ultimately disappeared without operation, if sufficient time had been allowed. He considered the transformation of the tissue to be precisely the same as takes place in the spongy tissue of the urethra in stricture from inflammation of the areola, for M. Mercier maintains that the membrane of the urethra is not the part diseased; he makes the same remark concerning contraction of the veins in phlebitis, as in the erectile tumour, which he considers to arise from the condensation of the spongy cellular membrane, immediately in contact with the coats of the vein.

Structure of the Bladder and the Urethra.—M. Mercier, to whom we are indebted for many valuable facts relative to prostatic and urethral disease, made the following communications:—1st. The muscular substance of the bladder is prolonged around the urethra. This membrane becoming vascular and *spongy*, constitutes the external membrane of the female urethra.—2nd. The same is observed in man, with this addition, that glandulous granulations are developed in the substance of its lateral parts, and form the lateral lobes of the prostate. Some granulations also behind the neck of the bladder above the orifices of the vasa deferentia, which form the middle portion of the gland. The anterior paries of the bladder, and the posterior beneath the vasa deferentia, never contain prostatic granulations.—3rd. The external membrane of the membranous portion of the urethra is spongy and not muscular. Joined to the prostatic portion it represents the female urethra.

HUNTERIAN SOCIETY.

THE anniversary Meeting of this Society was held, Feb. 26, at the London Tavern, Bishopsgate-street, when the annual Hunterian oration was delivered by Dr. Ashwell. The speaker made a few practical remarks upon the present state and progress of medicine, which he considered was on the eve of immense improvement, as multitudes were now engaged in those researches which formerly were exclusively confined to one or two master minds. He referred to the steps now in progress for effecting an alteration in the regulations of the medical profession, which, he contended, required reform. Parliament might lay down a standard of fitness for the qualifications of medical men, in order to practise, but it would be difficult to adjust any laws to control empiricism, or regulate the scale of remuneration. They had a painful instance of the latter in the

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*** This Edition of Dr. Blundell's "Principles and Practice of Obstetric Medicine," is the very best work on this subject in the English Language. The celebrity of its author has procured, not merely a European, but even a Transatlantic reputation for the former editions of this work; causing it to be reprinted in America, Germany, Italy, &c. The present edition presents peculiar claims for the favourable consideration of the Profession, on account of the extraordinary care and research displayed in its production. Numerous and important errors of former editions have been obliterated; upwards of 400 closely printed pages of valuable matter have been added from the most celebrated authors on their respective subjects; and the whole has been carefully revised and illustrated by copious explanatory notes. Of the manner in which it is got up, little need be said; Mr. Butler's name is a sufficient guarantee for its being brought out in a most superior manner.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

THE ANATOMY ACT.

TO THE RIGHT HON. VISCOUNT MELBOURNE.

MY LORD,—When Mr. Warburton carried his pet measure—the Anatomy Act—through the House of Commons in 1832, he urged upon the House that the facility of obtaining a large number of paupers' bodies, at a small cost, would annihilate the trade of exhuming subjects, because the persons who might engage in that illegal traffic must obtain a price to compensate for all the risk of their trade. So far his position was good. The point for consideration is, what would be a fair compensation for their hazard. Before the passing of the Anatomy Act prosecutions were common for having illegal possession of subjects; and imprisonment extending to *three months, with the addition of fifty pounds penalty, has been inflicted*. Notwithstanding which subjects could then be obtained at about four pounds each. I have now, my Lord, shown you the argument of Mr. Warburton in favour of this Act of Parliament. I will next refer your Lordship to the consequences of this sage philosophic legislative wisdom.

The Anatomy Act provides that all prosecutions shall be instituted within six calendar months of the commission of any contravention of its enactments; and in cases of conviction that the penalty *shall not exceed fifty pounds, or three months' imprisonment*. Consequently we have, under the present Act, a diminution of the penal imposition.

Some workhouse unions and parish boards have been induced, upon the representation that it would be for the benefit of science, to contribute a large supply of pauper subjects. I have been informed, by an officer of a London parish, that the parish to which he belongs has sent for dissection about 150 bodies within six months. The cost of the subjects from the parish referred to does not exceed, including the paint used in rejecting them, fifteen shillings each. Other unions and parishes—for, my Lord, you must not fail to remember that the only legitimate supply is from the union workhouses and prisons, always excluding Mr. Warburton's special favourites—executed murderers—also contribute to the supply, but in some instances at a much higher charge. I will hereafter show that the inspector has the means to transfer those bodies at the high prices to the private teachers, and can reserve those at the low cost for Mr. Warburton's own school, the University College. It might, my Lord, fairly be supposed that these subjects would be supplied to anatomical pupils, at the cost price, if on no other account than to prevent the body-stealers from standing a chance of carrying on their illegal trade. Oh, no, my Lord, such reasoning is under the actual circumstances fallacious; we now find that the dead-body trade has got into a new channel. Mr. Warburton and some of your Lordship's colleagues are shareholders in the University College; that institution, through boasting of their list of patrons, and the governments, *de facto and de jure*, control over the Anatomy Act, have managed to get about one-fourth of all the pupils studying anatomy in London; and the subjects obtained for a *few shillings each* (under the plea of public benefit), are re-

tailed out in part to the pupils at Messrs. Warburton and Co.'s school, otherwise University College, at *four pounds ten to four pounds fifteen shillings each subject*, giving a profit exceeding five hundred per cent., at the same time allowing the original dead-body dealer to have a chance of remuneration at old prices, under a diminution of risk of penalties. I wish to impress upon your Lordship's notice the important fact, that the bodies of the destitute poor have been made a large source of emolument and patronage to some of the political partisans of your Lordship's government.

Thus, my Lord, we find that by the actual working of the Anatomy Act, instead of having the dead-body trade conducted by a few desperate resurrectionists, it is now transferred to the noble and scientific patrons of your Lordship's government, who are protected from any penal consequences by the very office which the public believe to have been appointed for the purpose of enforcing the law in all its apparent protective intentions. My Lord, if such efforts do not constitute a gross fraud upon the public and outrage upon decency, and a most uncalled-for punishment upon the destitute poor, I am very much mistaken. But, my Lord, the public will naturally ask, how happens it that government officials should thus degrade themselves by becoming the subservient tools of Messrs. Warburton and Co.? It shall be my business to answer that question.

The framers of the Anatomy Act omitted to provide under the Act for a responsible and equitable mode to distribute the subjects intended for dissection to the numerous schools of anatomy. The inspector was subsequently directed by the Home Office to distribute the supply. Thus, my Lord, was he constituted the sole distributor of subjects, acting without the control of an Act of Parliament. Now, my Lord, what has been the result? Private school teachers complain of being kept very short, and in some instances entirely without subjects, for weeks, at the commencement of the anatomical session, whilst, at the same time, University College has had subjects both for lecture and dissection; by this means pupils have been deterred from entering at private schools, and almost forced to enter at University College. Another result has been that the private schools have not obtained an equal (if any) share of subjects, supplied at a very small cost; they get only those at high prices.

Your Lordship will find that not less than seventy to eighty students of anatomy and medical men petitioned the Home Office last winter for redress of abuses connected with the Anatomy Act. Public petitions, with a large number of signatures, were also presented to Parliament last session, praying for inquiry into the abuses of this Act of Parliament. In my petition (which I furnished your Lordship with a copy of in my last letter), praying for inquiry into the mal-administration of the Anatomy Act, I distinctly state, "That the inspector appointed under the Anatomy Act has neglected his duty or connived at the contravention of the said Act." This petition was printed by order of the House, but I have never been allowed to prove my allegation. It is, however, not necessary; it is notoriously true. The inspector is still there; and so long

as Mr. Warburton holds his influence at the Home Office in medical matters, he has a right to demand Mr. Warburton's protection; indeed, it would be ungrateful and impolitic in Mr. Warburton to withdraw it, as the Inspector is only supporting his interest and that of other political partisans of your Lordship's government.

A word or two, my Lord, for the inspection. Your Lordship is aware that the Anatomy Act provides, that not fewer than three inspectors shall be appointed by the Secretary of State for the Home Department, to superintend the operation of the Act, at a salary each of 100*l.* per annum, and reasonable expenses of office; and that an annual return shall be made to Parliament of all monies so paid. This is the law, my Lord. Now, what is the practice? It is this: one individual known only as inspector for all England and Scotland, and no returns have been made for several years past to Parliament of the amount of money paid to him. Mr. French, M.P., gave notice of motion for the returns in March last. The Home Office promised to furnish them. Mr. French informed me that they were not produced; but he stated upon the debate on my petition in the House of Commons, that he had ascertained the inspector was receiving about 800*l.* per annum. Here, my Lord, we find a *quid pro quo* for service rendered to your Lordship's political partisans. But the income has been paid out of the Consolidated Fund, consequently the public purse has been made chargeable with the illegal compensation which he thus received.

Want of space will not allow me now to proceed further, but in my next letter I will draw your Lordship's attention to some other objectionable facts connected with the management of the Anatomy Act.—I have the honour to remain, my Lord, your most obedient humble servant,

W. ROBERTS.

6, Old Fish-street Hill, December 4th, 1840.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 27th February, 1841:—

Epidemic, endemic, and contagious diseases	190
Diseases of the brain, nerves, and senses	181
Diseases of the lungs, and other organs of respiration.....	314
Diseases of the heart and blood-vessels.....	34
Diseases of the stomach, liver, and other organs of digestion	59
Diseases of the kidneys, &c.....	6
Childbed, diseases of the uterus, &c.	11
Diseases of the joints, bones, and muscles	8
Diseases of the skin, &c.	2
Diseases of uncertain seat.....	136
Old age, or natural decay	78
Violent deaths.....	20
Causes not specified	1

Deaths from all causes1040

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL,
BY WILLIAM LAWRENCE, F.R.S.

HERNIA; ITS VARIETIES; CAUSES. — REDUCIBLE
HERNIA; TREATMENT.

Hernia.—A hernia is the protrusion of any of the viscera from the cavities in which they are naturally contained; thus herniæ may take place from the head, chest, or abdomen; but it is very unusual to meet with them in the two former situations. They occur there only in consequence of injuries, the effects of which I have already considered. When we speak, therefore, of herniæ without specific distinction, we refer to the abdomen, and in this sense the term is equivalent to the common English word *rupture*. A hernia in this sense is the protrusion of any of the abdominal viscera through some opening in the cavity, constituting in the great majority of instances, but not in all cases, an external tumour; the protrusion may be so small as not to become visible externally, especially in a fat subject. This is a specimen where the protruded portion of intestine is only about the size of the end of the finger, and where it would not have constituted an external tumour if the subject had been tolerably fat. Some parts of the contents of the abdomen may be protruded through the diaphragm into the thorax, and there you would not have an external tumour; the formation of an external swelling, therefore, is not absolutely necessary to constitute a hernia. The parts which are protruded from the abdomen in the case of hernia, push before them the serous membrane which lines the cavity—the peritoneum; thus they receive an external covering from that serous membrane; this covering is commonly called the *hernial sac*. The hernial sac, therefore, forms a small serous cavity communicating directly with the greater cavity of the abdomen. This is a specimen of the cavity of a hernial sac; here is the opening by which the hernia communicates with the abdomen, and you see there is a continuity of the serous membrane lining the abdomen with the surface that forms the lining of the hernial sac. The hernial sac, however, when we speak of it generally, consists of other parts besides this protrusion of the serous membrane or peritoneum; there are certain external coverings which differ in their nature and number in different herniæ, and which add to the thickness of the sac. In the hernial sac we distinguish the *mouth*; that is, the opening by which it communicates with the cavity of the abdomen, and which is generally of a rounded shape; the *neck*, which is the comparatively narrow portion included in that part of the parietes of the abdomen through which the hernia passes, which differs in its length and size in different cases; the *body* of the sac, which is the general expansion of it, and the *fundus*, which is the opposite extremity to the mouth; these are the names which are technically given to the various parts of a hernial sac—the mouth, the neck, the body, and the fundus. The contents of the hernia usually consist of the more movable parts contained within the cavity of the abdomen; the omentum, the small intestine, the arch of the colon, the cæcum, these are the looser portions of the abdominal viscera, and are usually protruded in the case of hernia. The more fixed parts of the abdominal viscera, that is, the ascending and descending colon, and that part of the urinary bladder which projects into the cavity of the abdomen, are occasionally found protruded in hernia, but this is of rare occurrence, these parts being so much more fixed in their situations in the cavity of the abdomen, that they cannot so easily be protruded. Particular herniæ are named either according to the situation which they occupy, or the parts which they contain, or by a compound epithet referring to both these circumstances; accordingly, if a rupture is situated in the groin, in the scrotum, under the crural arch, or at the navel, it is called *inguinal*, *scrotal*, *femoral* or *crural*, or *umbilical* hernia. The hernia which contains intestine is denominated *intestinal*, that which contains omentum, *omental* hernia. Now herniæ are very commonly described by names which terminate in *cele*—a Greek word, meaning in

English, simply *tumour*; thus *bubonocèle* is inguinal hernia or tumour in the groin; *enterocèle* is a hernia of a portion of intestine; *epiplocèle* of a piece of omentum; *enteroepiplocèle*, a rupture of both intestine and omentum; *omphalocèle*, an umbilical rupture; and if we wish to denote both the situation and contents of the rupture, we may compound those terms, thus an *enterobubonocèle* is a rupture situated in the groin, containing intestine—and in this way, ruptures under different circumstances are denominated. The peritoneum which lines the cavity of the abdomen, adheres to different parts of the internal surface of the cavity, with different degrees of firmness. Along the anterior and middle part of the cavity, the peritoneum lies in close contact with the tendons of the abdominal muscles, and it adheres so closely to them, that it hardly admits of being protruded so as to form a sac; but at the under, lateral, and posterior parts, the peritoneum is connected to the parietes of the abdomen by a very loose cellular tissue, which easily gives way to any force that acts upon it, so that the peritoneum may be displaced from its situation there to a considerable distance, and extend from its natural situation in the abdomen without any laceration of its parts. If you open the cavity of the abdomen, and press with your finger opposite to one of the natural outlets through which vessels go out of the cavity, you will be able to push before it a portion of the membrane; thus, if you press against it where it lines the aperture through which the spermatic cord passes, you will find that you can push a portion of it through the opening, over the spermatic cord; and in this way you make in the dead subject a partial hernia, that is, a small hernial sac. In the same way it is formed in the living subject—under pressure applied to the contents of the abdomen, a certain portion of the surface of the peritoneum, where there is a natural aperture for the passage of blood-vessels or other parts, is pushed out by some part of the viscera. The continuance or repeated application of force to the part thus protruded, carries the protrusion to a greater extent, the hernial sac becomes larger and larger, the peritoneum being dragged out of its natural situation, its cellular adhesion giving way and allowing it to be protruded; and in this way it may be extended in a very considerable degree; indeed, in the case of scrotal hernia, the tumour sometimes reaches to the knees of the patient, and yet the whole of it is lined with peritoneum, which originally was situated in the cavity of the abdomen, which has been displaced by the force continually acting upon it, and carried out of its natural situation to the extent I have mentioned. If hernia takes place quite suddenly, that is, if a person under any violent effort should have a portion of the peritoneum forced through the parietes of an opening of the abdomen, we should find when we cut down to it, that the peritoneum would be unadherent to the parietes through which it was protruded, but this is only found immediately after the production of the hernia. Suppose a sudden force is applied, and a hernia takes place, if we examine the part attentively after it has occurred, we find that the sac is at first unconnected with the parts immediately around it, but as it is gradually extended, it becomes connected by cellular texture, just as it was in its natural situation. The protrusions which constitute herniæ take place generally in the apertures of the abdomen at which the blood-vessels pass out; thus you have inguinal hernia passing through the opening through which the spermatic cord in the male and the round ligament in the female pass out; femoral hernia at the exit of the femoral artery and vein, and umbilical hernia at the opening through which the umbilical vessels passed during the foetal state. Herniæ may take place, however, in situations even where there is no natural aperture, or at any place where the parietes of the abdomen have been wounded by any external injury.

The form and size of a hernial tumour depend on the situation which it occupies, and the degree of resistance which the protruded parts meet with, when they escape from the cavity of the abdomen. Now, generally speaking, the mouth and the neck of the hernial sac are comparatively small, being limited to the size of the aperture in the parietes of

the abdomen in which they lie; but when the rupture has passed through this opening, then the swelling expands itself, and assumes usually a globular or pyriform shape. If the protrusion takes place where there is copious loose cellular tissue, where the integuments are loose, where no parts pass externally, so as to limit the growth, you may have the tumour acquiring a very considerable magnitude; thus, when the protrusion takes place into the scrotum, it may attain an enormous size; a scrotal hernia may become as large as the head, so large as to consist nearly of the whole of the loose viscera of the abdomen. Hernia of the labium pudendi of the female may also acquire a very large size, though not so large as that which passes into the scrotum of the male. In general, the protrusion through the crural arch is comparatively small, the cellular tissue is tense, the fascia is here strong, and the projection can only extend in the direction of the bend of the thigh; hence a femoral hernia, if it be small, may be globular in its shape; but if it be large, it assumes a more pyriform appearance, the long axis passing parallel to the crural arch. But, in each particular instance, you will find the figure of a hernia different, according to the degree of resistance the tumour meets with after it has passed out of the abdomen, and the degree of looseness of the cellular texture of the part into which it is protruded.—*Causes*: The causes which produce ruptures are either such as increase the pressure which the contents of the abdomen receive from the action of the respiratory muscles, or such as diminish the resistance of the sides of the openings through which the protrusions occur. It sometimes happens that a hernia takes place quite suddenly: a person makes some very violent exertion, by which the muscles that surround the abdomen are put into forcible action; and under such circumstances he feels a crack, or something give way, and he finds a tumour form in one of the situations of a natural aperture—a hernia having been immediately produced by the violent pressure on the contents of the abdomen. Then the nature of the cause is obvious—it is the excessive pressure—the pressure which the exertion produces on the viscera, forcing out some portion of them through one of its natural apertures. Generally, however, herniæ take place more gradually; they do not happen all of a sudden from some particular exertion, and yet the mode in which they occur is sufficiently obvious. A patient labours for some time under bad stricture of the urethra; there is considerable difficulty in expelling the contents of the bladder; he is obliged to strain, in order to force out the urine; he expels it only in drops, and with great exertion. In such persons hernia very often takes place. Not uncommonly, in a person who labours for a long time under bad stricture, you will see a hernia on both sides of the body. In elderly persons, in whom the resistance of the abdominal parietes seems to be diminished, where they become therefore loose, where a certain portion of the fat that fills up the interstices is removed by absorption, we very frequently find that the rupture takes place in a slow and insensible manner; some portion of the abdominal contents is protruded, without the patient's being very sensible of the occurrence. When a protrusion has once taken place through the parietes of the abdomen, the tumour generally increases in size, in consequence of the continued action of the same cause that has given rise to it; and this increase in certain situations may go to a very great extent indeed. I have mentioned to you that scrotal hernia may descend as low as the knees; and there are instances in which the whole of the small intestines, the transverse arch of the colon, the cæcum, and part of the rectum, and even of the stomach, have been included in the protrusion, the parts gradually undergoing an alteration that you would hardly have supposed they possibly could have experienced. The stomach has sometimes formed a straight line from its cardiac to its pyloric orifice—a straight line from the opening in the diaphragm down to the hernia. The sac of the hernia gradually increases in thickness, so that in most recent herniæ, those which have existed for the shortest time, you usually find it to be the thinnest, and that its thickness is generally in proportion to the duration

of the hernia. But these changes are not produced by an alteration of the state of the serous lining. The portion which the peritoneum contributes to the hernial sac generally remains unchanged; it retains its natural thin texture, and the alteration in the density of the sac arises from the increased thickness of the external coverings which surround it. The peritoneal sac, however, experiences a remarkable change at its orifice; at that situation the serous membrane undergoes an unnatural degree of pressure from the parts through which it is protruded; it undergoes further pressure in general from the truss which is usually worn in these cases; and thus, from these two circumstances, the peritoneal sac becomes thickened in its texture at the very neck of the hernia, and frequently acquires there an almost tendinous or cartilaginous hardness; it acquires so great a degree of hardness, that it is capable of producing stricture of the protruded parts, and bringing them into a strangulated state, while the rest of the membrane retains the natural thinness which distinguishes it in the abdomen. Now it may happen, that after the peritoneum has undergone the change I have just mentioned at the mouth of the sac, the continued increase of the hernial tumour may draw that portion of the membrane which is thus altered lower down, so that it no longer constitutes the mouth of the sac; a fresh portion then descends to form the mouth of the sac, and this portion may also undergo the same sort of change. Under such circumstances you may find, on opening the hernia, a contracted tendinous ring in the sac itself, situated below what would properly be called its mouth; and instances have been met with, in which there have been two, or even more, of those contracted rings, fresh portions having been drawn down, after the mouth of the sac had undergone the change I have mentioned. I have seen an instance where a small contracted ring has appeared in a hernia, perhaps two or three inches below the part at which the protrusion has first taken place. The thickening, however, which the sac undergoes in old hernia is, as I have already stated, generally produced by the gradual condensation of the surrounding membranes; thus you may sometimes have a hernial sac a quarter of an inch in thickness, though, when you come to dissect off the external parts, you find that the peritoneum itself retains its natural condition. The contents of a hernia undergo a change as well as the sac itself. If they are allowed to remain in the protruded state, they increase in bulk, the size of the aperture prevents them from increasing just at the point where they passed out of the abdomen, but below that they may increase in size; fat is deposited, and the omentum, or portions of the mesentery or mesocolon, may descend and enlarge the tumour; thus, you will find, if you take out the parts, that they are narrow or constricted just where they come out of the abdomen, and are expanded to a considerable magnitude below. Further, the parts that are protruded in hernia, if they continue out of the abdomen, are subject to external injury, by which inflammation may be excited; under such circumstances coagulable lymph is effused, and they become adherent to each other, or to the sac. Thus adhesions are formed, which mechanically prevent the return of the parts into the abdomen. Sometimes you have single threads of adhesion between the intestine and the sac; sometimes more extensive adhesions connecting the parts together as it were in one mass. Now here is a large hernia where the parts are really consolidated together; they are so adherent, that you can hardly recognise the protruded viscera, and they are also adherent to the sac. You will observe the intestine here as it passes out of the abdomen closely adherent to the neck of the sac. Herniæ are found in very different states in different instances; hence they are distinguished as being *reducible*, *irreducible*, *strangulated*, or *incarcerated*, and *mortified*. A *reducible* hernia is one in which the parts are unadherent to the sac, and where they pass freely into the abdomen. In the case of a *reducible* hernia, you have a tumour in one of the ordinary situations of hernia; this tumour disappears when you apply pressure to it externally, or when the patient lies down; it returns again when the pressure is taken off, or when the patient assumes the erect position. The

tumour generally increases in size, and becomes more tense when the patient holds his breath, or coughs; and in the latter case an impulse is felt in it; the quantity of its contents is thus increased; and we feel, when we put the hand on the tumour, that a sensation is communicated to it as if fresh parts came out of the abdomen. When you meet with a tumour in one of the ordinary situations of hernia, characterised by what I have stated, you have little difficulty in determining that it is a rupture; indeed the characters I have just mentioned do not belong to any other kind of swelling. When the tumour first takes place, the patient generally experiences pain in the region of the swelling—more or less uneasiness; he has the sense of weakness in the situation of the tumour, and frequently various uneasy sensations are produced in the abdomen generally, in consequence of the protrusion of part of its contents; pain in the bowels, colicky sensations, and those, of course, are aggravated by any irregularities in diet, or in the performance of the functions of the alimentary canal. A state of pain and uneasiness, however, is by no means an essential character of reducible hernia, for sometimes it may be formed without any uneasiness, and may exist for years without giving the patient pain or trouble of any kind whatever. In the case of an intestinal hernia, the impulse, perhaps, on coughing, is more considerable than in the case of an omental hernia; and on pressing on the tumour, and forcing up its contents into the abdomen, a peculiar sensation is communicated to the hand, and a *gurgle* noise may be heard. In an omental hernia you have not this sensation produced; the swelling has a soft doughy feel, and when you press it up the contents do not go in so readily as those of the intestinal hernia, which escapes almost immediately into the abdomen.—*Treatment*: A reducible hernia, that is, a rupture in which the parts come down and pass up again into the abdomen with ease, is not attended with any eminent danger to the patient. The portion of the protruded viscera, if it be a part of the alimentary canal, is capable of executing its functions (if the rupture is of a moderate size) just as well as if it were in its proper situation; and indeed we find, even in the case of very large ruptures, that the functions of the alimentary canal are often exercised without any apparent interruption. But then you cannot, at any time, reckon on the tumour remaining constantly in this quiet and uninjurious state. If the individual makes any bodily exertion, a fresh portion of intestine may be forced out through the aperture, and the parts may not then admit of being returned; the hernia may thus pass from the reducible into the irreducible, or incarcerated state, and bring the patient, in a few hours, into a very dangerous situation. A reducible hernia, therefore, though it may remain for years in one state, must always be regarded with apprehension; and it is necessary that the patient should take proper means to prevent an increase of the tumour, and to obviate the great danger attendant on it. Moreover, proper treatment is necessary in the commencement of a reducible hernia, in order to prevent its increase. The mere bulk of the hernia is a source of inconvenience, independently of any other circumstance, and if no measures are taken to keep within bounds; the natural tendency of the tumour is to increase in size, and in some situations of the body to an almost unlimited extent. The proper course then to pursue in a case of reducible hernia, is to apply a truss, an instrument by which pressure is constantly kept up on the opening, by which the contents of the hernia are prevented from passing out of the abdomen again, and by which the patient is preserved from the risk of its becoming strangulated. The operation of a truss is confined to the object I have mentioned, viz., that of keeping up a constant pressure on the mouth of the sac, and preventing its contents from coming out of the cavity of the abdomen again. The hernia is first replaced, or returned, into the abdomen; then the truss is put on and adjusted, and as long as it remains in its situation, if it be well made and of sufficient strength, no protrusion can take place. Now, the essential part of a truss consists in a flat portion of steel, sufficiently bent, and very elastic, which is called the *spring* of the truss; when the ends of

this are separated, so as to admit of being placed on the body, it applies itself by its own elastic power close to the surface, and keeps up a constant pressure upon the part to which its extremity is applied. This portion of steel, as I now show you, is fastened at its anterior end to another portion, which is the basis for that part of the truss which is called the *pad*, and which serves to press upon the mouth of the sac; the effect is the same as if the steel belt which belongs to the pad and the spring were one piece, though they are, in fact, made of two pieces, but closely riveted together. Then the pad of the truss is formed into a convex shape, by a portion of cork, and certain soft substances, covered with leather; the spring itself is also covered with leather, and to the opposite end of it a strap is bound, which fastens to small studs, or brass knobs, on the pad; this is the simple formation of an ordinary truss. This is the spring which I now show you, before it is covered, and this is the part for the pad which fits over the opening through which the hernial contents are protruded, and by means of the strap which fastens to one of those brass knobs on the pad, you can regulate the degree of pressure to be made. Now you will observe, when this instrument is put on the body, the pressure, which is exerted by the steel spring, keeps the pad of the truss constantly applied on the mouth of the sac; if therefore a truss of this kind be well made, and will fit properly to the individual, you have only to apply it as I have mentioned, and the various movements of the body do not at all derange it or disturb its position; its elasticity enables it to give way at the spring, the pressure always remaining the same on the mouth of the sac, and thus the parts are continually kept in their situation, and prevented again from descending. Now as the pad of the truss forms a convex surface, some difficulty is occasionally experienced in adjusting it so exactly to the part on which it is to be placed. Sometimes the instrument has a disposition to raise upwards, and this may happen in consequence of the motions of the lower extremity, or the side to which it is applied: in order to remedy this, the truss is very often made with a *thigh strap*, that is, another strap which goes under the thigh, fastens to the truss behind, and prevents it from rising up, on the movements of the lower extremity. The difficulty which is occasionally experienced in keeping trusses exactly fitted to the body, and preventing the parts from being protruded, without exerting an injurious degree of pressure in any situation, has led persons to try various modifications of the form of this simple truss; to try different contrivances which are supposed to remedy this or that inconvenience; and thus you have a great variety of trusses; in each case the deviser of the new form fancying he can accomplish something that has never been effected before. Generally speaking, I think you will find it best to employ trusses of the most simple formation; they are found to answer the purpose most effectually; or when this is not the case, it will generally arise from the truss not being well fitted to the individual who wears it. There is one truss which has been used very extensively, and which is very much approved of by patients, which consists simply of the part that surrounds the body, without any strap whatever to fasten it. It consists simply of the steel part, with a pad that presses on the rupture, and with a corresponding pad to fit upon the back. This is the *patent truss of Messrs. Salmon and Ody of the Strand*. This pad corresponds (*showing the truss*) to the back of the pelvis, and the other corresponds to the situation of the hernia, so that the patient has merely to put it on in this way; there is no strap to be fastened anywhere. A greater degree of motion is allowed in this truss than in any other, as both the pads work on pivots. People find this to answer extremely well, and nothing can be more simple or more easy than its application. The spring of this truss is made with several portions of steel, each of which admits of being removed, so that the degree of pressure can be increased or diminished at the will of the individual. If you take away a portion of the spring, you diminish the force with which it acts: if you add that piece again, you increase the force. Now here is a great portion that can be put on to this

truss, and by doing so, the degree of pressure is very considerably augmented. The spring, which is within this covering, as I have said, consists of several different pieces, one or more of which can be taken off and added again, should it be found necessary. There are a great variety of other modifications of the form of a truss, but I do not enter into the description of them because I conceive that those simple trusses will answer the purpose better than any of more complicated construction. Now, the effect of the truss, you will understand, is simply that of keeping the parts that have been protruded within the cavity of the abdomen, of preventing them from passing out again after they have been reduced, and, therefore, of liberating the patient from those dangers and inconveniences produced by the existence of a rupture and its continued increase. The application of a truss is not what is called a *radical* cure of the disease; it is merely a palliative measure calculated to lessen the inconvenience which the patient experiences. When you return a rupture by pressure of the hand, or when the rupture goes up of itself on the patient's lying down, the hernial sac is not replaced, it is confined by cellular membrane to the parts among which it has been pushed; it remains, therefore, out of the cavity of the abdomen ready for a fresh protrusion when the pressure of the truss is removed. You may have a rupture kept up for a number of years, and if you take off the truss, and the patient makes exertion, the parts may be forced out again, because the hernial sac remains ready to receive them. The application of a truss is merely to relieve the patient from the danger of incarceration, and the inconvenience which the unlimited increase of the tumour would produce: yet, if that truss be worn constantly, it very frequently produces a radical cure: if you keep the parts constantly within the abdomen, the mouth of the sac will contract. We find in the body generally, that when any hollow part is kept empty there is a tendency in it to contract, to diminish; and as the mouth of the sac retains certain dimensions so long as it is distended by protruded parts, so when those are kept out of it, it will contract, its sides will come together, and the orifice will become so small after a certain time that the parts will not again find their way through it; thus, by the wearing of a truss, a radical cure may ultimately be accomplished. This will be more likely to take place in young subjects, where the healing powers are more considerable; and in order that there may be a chance of a radical cure, the truss should be worn steadily, for if you allow the pressure to be steadily applied to the mouth of the sac, and take care that it is constantly kept empty, the cure commences from that time. Under circumstances where the truss has been worn for a considerable time, we sometimes find that the mouth and neck of the sac are thrown into actual folds, which become adherent; coagulating lymph is thrown out between them, and thus the orifice of the sac is mechanically sealed up. This is a specimen of that kind where there is a hernial sac, but where you cannot see any direct opening into it, the opening is almost obliterated. Here is another specimen of the hernial sac in the same state, where I believe the orifice is wholly closed, and there is no communication whatever between it and the cavity of the abdomen. I have mentioned to you that the truss must be worn constantly in order to give you the chance of accomplishing a radical cure by its application. When I say *constantly*, you will not understand that it is necessary to wear the truss during the night. In the recumbent position of the body, there is no disposition to protrusion in a reducible hernia; the parts go up of themselves when the patient lies down, and do not come down again until he gets up; he may therefore put off his truss after he has laid down in bed at night, and put it on again before he rises in the morning. A well-fitted truss so completely secures the patient from all the risks attendant on the complaint, that he may take his ordinary exercise—he may use active exertions like another person. I have known gentlemen who lived a country life, who rode and hunted, and in fact participated in all the incidental circumstances attending a life of that kind with perfect

safety, while wearing a well-adjusted truss. It is expedient, however, particularly when a person just commences to wear it, that he should abstain from any violent exertion; it is also very necessary that he should pay attention to the state of the alimentary canal, and keep the bowels rather open than otherwise. You can easily understand that if the bowels become costive, there will be a greater probability of the reappearance of the hernial protrusion. I cannot mention to you exactly the length of time necessary to wear a truss in order to gain a chance of a radical cure. In each particular instance, you must feel in the situation of the rupture whether any protrusion takes place or not when the patient coughs or holds his breath. At all events you will hardly expect, even in a favourable case, that a radical cure will take place by wearing a truss, in less than three, four, or five years.—Now, you will hardly be surprised if it occasionally happens, that a protrusion takes place while the patient is wearing the truss, which places him in a state of considerable danger; for although a person wears a truss, a force may push down a portion of the bowel below the side of the pad, and thus strangulation may take place; and I should observe, that if the neck of the sac has become contracted by the pressure of the truss, and a protrusion then takes place, it is very likely to become strangulated, because the orifice is so much more contracted than it was before. Hence persons have sought for some means of radically curing rupture, and heretofore various means were adopted for that purpose, which are now become obsolete.—The older surgeons, with a view of radically curing rupture, dissected down to the swelling, insolated the hernial sac, and tied a ligature round its outside near to the orifice at which the parts were protruded from the abdomen; or they cut into the parts, returned the protrusion, and then sewed the sac up with sutures; and some who went a shorter way to work, performed the operation of *castration*—cut away the spermatic cord, testicles, tumour, and all! Such means have been employed for *radically* curing ruptures. Now, you will easily understand, that all those proceedings must involve a risk equal to that of the strangulated hernia. If any of these measures were adopted, they would put the life of the patient in as much danger as the operation for strangulated hernia could do, and this is only performed to save the patient's life; it is not done with the view of radically curing the complaint, for it does not secure to the patient a radical cure—he must wear a truss afterwards. You will easily see, therefore, why all measures of that kind have been abandoned. Instances have been known in which patients have submitted to have a truss that pressed very powerfully upon the sac so as to bring on a state of inflammation there, and it is possible that inflammation thus produced might cause agglutination of the sac, and prevent the reproduction of the tumour. But this is also a very uncertain and dangerous mode of proceeding, for if you were once to excite inflammation in a part of the peritoneum, you can have no security for limiting it just to the point to which you wished it to extend: it might spread over the whole cavity of the abdomen, and the patient might lose his life by such an attempt to rid him of the hernia. It is therefore now considered that a patient who has a reducible hernia must be contented with the palliative relief which the application of a truss will afford.

HIPPOCRATES ON CLIMATE, SEASONS, WATER, AND SITUATION.

(Continued from p. 266.)

FOREKNOWLEDGE OF THE SEASONS; WHETHER THEY BE SICKLY OR HEALTHY.

In regard to the years or seasons, whoever considers them well, according to the following manner, may easily foreknow and predict whether they will be the cause of sickness or health. If, on the rising and setting of the stars, the appearances are as they ought to be, that is, if rains fall in autumn; if the winter be moderate, and neither very mild nor too cold; and if, in the spring and summer seasonable showers descend upon the earth;

the whole year (and part of the following one) will, in all probability, be *healthy*. If, on the contrary, the winter be *dry*, and the wind *northerly*,—also, if the spring be *showery* and the wind *southerly*—inflammatory fevers and affections of the eyes will be unavoidable during the ensuing summer.* For when sultry weather comes on of a sudden, whilst the earth is still moist with the rains of spring and the non-drying effects of the south wind, the heat will of course be considerably increased—that is, both from the vehement power of the sun, and from the ground itself being wet and hot: in such a state of things the bellies of the inhabitants will not have their necessary consistency, nor their brains the proper state of dryness. It will, indeed, be impossible in such a spring as has been here described, for the fleshy or muscular parts of the body not to abound with humours; the consequence of which will be, that almost every one will be attacked by acute fevers—especially all persons who are of a phlegmatic habit. Dysenteries, likewise, will occur most probably among the females, and those (the males) who are of the *moistest* habits.

If, however, on the setting of the dog-star, the weather should be wet and cold, and the *etesiae* should blow likewise, hopes may be entertained of a cessation of disease, and a healthy autumn. If this be not so, women and children will be liable to drop off; older persons will not be so; and very old ones least of all. Those who happen to be thus affected, but who survive the attack, will at length fall into quartans, and from these into dropsies.

A SOUTHERLY OR MILD WINTER, AND A NORTHERLY OR COLD SPRING.

When the winter is southerly, mild, and showery, and the spring northerly, dry, and stormy, the females who happen to be in the family way, and who expect to lay-in in the spring, will be liable to miscarry; and even those who go their regular time will have weak and sickly children, who will either soon die, or who, if they live, will be of a thin habit, weak, and sickly; so much for the disorders of the women. Others will be attacked by dysenteries and inflammation of the eyes, of a dry nature; some by catarrhs or distillations from the head upon the lungs. The dysenteries will be likely to assail the women, and those who are of a phlegmatic habit, for the phlegm will flow down from their heads, on account of the moistness of their constitutions: dry inflammation of the eyes will attack those who are *bilious*, from the heat and dryness of their flesh. Old men will be liable to catarrhs, on account of the looseness or sponginess and wasting of the vessels: nay, some of them will be taken off suddenly by apoplexy; whilst others will become paralysed, either on the right or left side.

Such (as I have described) will occur, because when neither the body nor vessels are duly constricted, the winter being, at the same time, southerly or mild, and showery, and the succeeding spring northerly or cold, and dry, the brain and throat, when they ought to be loosened and cleansed in the spring from all stuffing and hoarseness, become so thickened and compressed, that the summer coming on all at once, with heats and change of weather, the diseases (I have mentioned) will break out, as well as liveries, and, at length, dropsies; for the belly and other cavities of the body are not easily dried (when they once fall into a state of phlegm or moisture).

* *Bereios* and *notios* are the words commonly used by Hippocrates, to signify the prevalence or blowing of the northerly and southerly winds; also to express the coldness or warmth of the weather.

A SOUTHERLY OR WARM AND RAINY SUMMER AND AUTUMN, AND THE CONTRARY.

If the summer be southerly or warm, and showery, and the autumn be the same, the winter must of necessity be a sickly season. Phlegmatic persons, and all above the age of forty, will, in such a case, be apt to be attacked by burning fevers; whilst bilious persons will be liable to pleurisy and peripneumony.

If the summer be northerly or cold, and dry, and the autumn southerly or warm, and showery, head-aches and paralytic disorders will be likely to occur in winter; and with them, stuffings in the head, hoarseness, coughs, and consumptions.

If the autumn, however, be northerly or cold, and dry, and not rainy, either under the dog-star or Arcturus, it will agree very well with phlegmatic constitutions and such as are naturally moist; also with women: but the same will be exceedingly injurious to bilious persons, for they are very much dried by it. The bilious will be much afflicted with dry ophthalmia, and acute and protracted fever; they will, likewise, be liable to melancholies; the whole of these evils arising from the most humid and watery particles of the bile being taken up; whilst the grossest or thickest, and the most acrimonious and sharp are left behind. It is exactly the same with the blood, from whence all these diseases proceed.

The phlegmatic, however, will be relieved by all these; for they will thereby become dry; and reaching the winter in this condition, their systems will be dried more and more, as they pass from one change of season to another.

UTILITY OF THE FOREGOING OBSERVATIONS; AND IMPORTANCE TO BE ATTACHED TO THE SOLSTICES, THE EQUINOXES, AND RISINGS OF THE STARS.

Whoever considers and ponders well these matters, can easily predict the general state of health, or the greater number of diseases, which will occur on the different changes of the seasons. If a physician, he ought to take the utmost care, as regards the principal of these changes, and not order any medicine, nor make any *burning* or *incision* on the belly, till at least ten or more days shall be past; *ten* are of the greatest consequence.* Both *solstices* are very dangerous; particularly the *summer* one. Both *equinoxes* are likewise dangerous, especially the *autumnal*. The *rising of the stars* ought also to be regarded; particularly that of the *dog-star*, and next to it, that of *Arcturus*; as well as the *setting of the Pleiades*; for the *crises*† of most disorders

* It would appear that this passage refers to a state or mode of medical practice unknown to modern physicians; the passage itself is exceedingly obscure, and we have no means of throwing light upon it, save by *guess*, that our venerable author wishes to inculcate the doctrine, that until the system shall have undergone a complete change, by the passage from one season into another,—that is, at least *ten* days after entering into the *new* season,—or, in other words, after being *duly seasoned*, that no strong medicine should be administered, or *burning* or *incision* made. The *burnings* and *incisions* doubtless refer to some mode of practice among the ancients, by which they endeavoured to abstract the phlegmatic and moist humours from the systems of those whom they conceived to owe their diseases to such a habit of body, in the same way that moderns have endeavoured to combat inflammatory complaints by what is called “counter-irritation.”

† Some modern practitioners will feel inclined to laugh at their *old father*, for these astrological doctrines; but they ought to bear in mind, that as all the theories advanced by Hippocrates are founded on the *most minute and constant repeated observation* of the phenomena of Nature, and the symptoms of disease, they ought not to doubt nor repudiate him, when he asserts so confidently, that the planetary changes above alluded to are *critical* to the invalid; that is, that they have some *occult* influence (with the nature of which we are unacquainted) on the blood and other fluids of our bodies, either for good or for evil. That *physical* astrology was much studied by the physicians of ancient times is well known; that it is worthy of the attention of the moderns, is proved by the moon's influence on the tides, on the sap of trees and other vegetables, on inflammatory

occur chiefly on these days; some terminating in death, and others in convalescence, or the commencement of a state of health; whilst the rest pass into another form of disease or constitution, according to the season and other physical circumstances and habits of life. Thus stands the case with regard to the matters on which I have above written.

(To be continued.)

FLARE-UP AMONG THE MEDICAL STUDENTS OF MADRID.

It would appear, by a circumstance which has just transpired in the Spanish capital, that medical education is rather at a low ebb in the Peninsula. It seems that an article, written by one of the principal professors of the university, appeared in the *Commercio* newspaper, about the 10th of last month, which complained in very strong terms of the insufficient instruction of the medical students of Spain; and also stated in very plain terms that the young men in question were, in general, no better than so many Doctor Sangrados *in the egg*. This, of course, caused no small disturbance in the university. A general meeting was called, at which was resolved (among other means of vindicating the honour of their intended profession), that they would convince their calumniators, if they could not *physic*, at least they could *fight*. Accordingly, they sallied out to avenge the affront on the unhappy editor and printer of the *Commercio*, whose windows they soon smashed, and then destroyed his presses and types. The don himself was obliged to flee for his life. In the midst of this hurly-burly the military made their appearance, and the young Sangrados, seeing no chance in contending with disciplined numbers, found their way as fast as their legs could carry them within the walls of their college. Fortunately, not a drop of blood was *let* during the whole of this “*sanguinary*” conflict, as it is styled by the editor of the *Commercio*, who has since returned to his vocation at a neighbour's printing-office. The Regents of Spain, it would seem, look upon this college *flare-up* with rather a *severe eye*. They appear to have seized this opportunity to repress that free and, perhaps, rebellious spirit which characterises all continental universities. Spain is, or at least was lately, in a very fermented state; but the Regency measure for closing the political clubs has been carried into execution without much opposition or disturbance. The *universities only remain*; and, without crushing these *nuclei* of political ferment, his highness the Duke of Victory conceived that his *victory* over the liberties of Spain was neither secure nor complete. It has, therefore, been shrewdly *guessed* that *he and his colleagues* concocted the calumnious document against the medical students, who form the most numerous and powerful class in the university, and who, like medical students in every country, are never backward in a row where an affront to their body has been given. It is well known that in Spain any allusion to the renowned Doctor Sangrado is sufficient to arouse the *esprit du corps* of the medical profession; and the Regency found a fitting tool in the professor who lent his name to the calumny. The consequence of the whole affair has been that the Minister of the Interior has addressed a circular to the directors of *ALL the medical*

diseases, and on lunacy and other affections of the brain and nervous system. Moreover, the effects of the heavenly bodies in producing the meteorological phenomena by which we are constantly surrounded and affected, are now reduced to a certain science; and calculations and tables are actually published, from which changes in the weather may be predicted with mathematical certainty.

schools in the kingdom, ordering them to make a return (within four days after the receipt thereof) of the academical penalties which can be inflicted on the subordinate officers and students of these institutions. We need not suppose that the several penal codes will be much softened by the Regency.

VACCINATION ACT.

To the Editor of the “Medical Times.”

SIR,—I quite agree with the views entertained by your correspondents, “Argus” and “A Rate-payer of Clerkenwell,” in your number of February 20th, as regards the present inefficient working of the vaccination act. But while “A Rate-payer of Clerkenwell” so laudably sympathises with the poor, and so laudably urges “the absolute necessity of appointing able and experienced men to the office of vaccinators,” I would ask “A Rate payer,” why does he bring forward a “case” of “a young, inexperienced surgeon” (although “not unfrequently occurring”) as his only exemplification of the inefficiency of the present system? Does the evil rest solely with the young inexperienced surgeons? Why not also bring forward the whole herd of quacks—viz, bone-setters, self-taught bleeders—who are generally vaccinators—and jaundice doctors; also that class who enjoy so much public confidence, “herb doctors,” have been, and still are, *allowed* to vaccinate without let or hindrance, while young legally qualified practitioners are branded in the public prints with being guilty of inexperience producing “fearful consequences,” &c.? I would ask “A Rate-payer” whether the practice of young inexperienced surgeons as vaccinators, or that of old women armed with a needle, midwives, nurses, blacksmiths, &c., is more likely to be followed with “fearful consequences?” The latter are in the constant habit of vaccinating in Scotland, or, I should rather say, attempting to do so, for if a mere semblance, a puntle of any description, is produced, they are perfectly satisfied; and medical men in country districts especially, however old and experienced, are now seldom called upon to perform it. Query—Is human nature not affected with the same prejudices in England as in Scotland? The most effectual way to prevent the ignorant and the *unqualified* from vaccinating is that suggested by your correspondent Argus—“To get an act passed (for the *three* kingdoms) to compel every person to have their child vaccinated before it is three months old.” Not, however, by quacks such as I have referred to, and who are far worse than the youngest and most inexperienced surgeon—but by *every* medical man; otherwise, the *inexperienced* will never become *experienced*.—I am, Sir, yours, &c.,

M. R. C. S., OF EDINBURGH.

Perthshire, March 1st, 1841.

ROYAL COLLEGE OF SURGEONS, LONDON.

At a meeting of the council on Wednesday the 3rd inst. Benjamin Travers, Esq., was elected an Examiner, and John Flint South, Esq., (both of St. Thomas's Hospital) was elected a member of the Council, in the vacancies occasioned by the lamented decease of Sir Astley Paston Cooper, Bart.

List of Gentlemen admitted Members, on Friday, March 5th, 1841:—

Smith Hobson; George Thomas Vicary; Raymond Levi Haynes; John Spencer; Charles Colville Turner; Henry James Penny; Frederick Wright; William Todd White; John Buck Stedman; John Gray; Walter Rice; Howell Barker; Edward Brounker Thring; Richard Yaul.

TO CORRESPONDENTS.

RECEIVED FOR REVIEW:—

First Report on the Progress of Legal Education in Ireland, from the Principal of the Dublin Law Institute to the Council of the Society; with Suggestions for extending the Beneficial Influence of the Institution. 8vo.

The Student's and Dispenser's Manual; being an Explanation of the Principal Terms used in the Materia Medica; A Collection of words used in the Medical and Surgical Professions; Tables of Incompatibles, Poisons, &c., &c.; A Table of Vegetable Substances of the British Materia Medica, &c., &c. By G. Whitmore. London: Simpkin, Marshall, and Co.

THE MEDICAL TIMES.

We have this moment been favoured with a copy of Mr. Hawes's amended bill "for the better government of the Medical Profession in Great Britain and Ireland," the principal clauses of which are to the following effect:—That the words "practising medicine" shall be construed to include within their meaning the recommending, prescribing, or ordering, either directly or indirectly, any medicine, remedy, or application whatsoever, for the relief or cure of any disorder, ailment, or surgical operation, minor or capital, or practising midwifery; and the words "medical practitioner," shall mean a person qualified under this act to practise medicine; and the word "England" shall include Wales.—That the Secretary of State shall appoint three registrars.—That the said registrars are to grant certificates to practise medicine to all persons at present legally qualified to practise medicine or surgery.—Certificate to be paid for and renewed annually (sum not mentioned) by the practitioner. List of persons obtaining certificates to be printed annually. COUNCIL.—That on the first day of June one thousand eight hundred and forty-two, and upon the first day of June in every third succeeding year, all persons who shall possess certificates to practise medicine, and whose names are contained in the last printed medical lists as aforesaid, shall elect, in manner hereinafter prescribed, the several councils herein mentioned; (that is to say), the medical practitioners resident in England, and whose names are contained in the last printed medical list for England, shall elect a council for England; those resident in Scotland, and whose names are contained in the last printed medical list for Scotland, shall elect a council for Scotland; and those resident in Ireland, and whose names are contained in the last printed medical list for Ireland, shall elect a council for Ireland; and upon the day of election they shall proceed to elect twenty councillors for each of the said councils, who shall remain in office for three whole years, or until their successors shall have been elected, and shall then go out of office: provided always, that any member of council so going out of office shall be capable of being re-elected to the office of councillor.—That certain bodies, such as the Universities of Oxford, Cambridge, Edinburgh, Aberdeen &c., shall each have the privilege of electing one member for council.

That the councillors shall be chosen by the members delivering to the registrar or his deputy a voting paper, according to the form annexed in schedule (A) No. 4, folded or sealed up, so that the contents cannot be seen, containing the names of the persons for whom he votes; or if the voter shall think fit to transmit the said voting paper by post, free of postage, then the said voting paper shall be folded or sealed up, and enclosed in a declaration, according to the form annexed in schedule (A) No. 5, signed by the voter so transmitting the same; and the respective registrars are hereby required to transmit by post to every medical practitioner entitled to vote at such election, fourteen days at least before the day of election, one voting paper as aforesaid, and one declaration as aforesaid.—The councils to elect future registrars, president, treasurer, auditors of accounts, clerks, &c.—That the council shall elect the Medical Senate, which shall meet annually, and continue in office five years.—All questions to be decided by a majority of the senate assenting thereto; and that the senate shall make bye-laws to regulate examinations for diplomas.—That no person shall have the power of granting licences to practise medicine, other than by virtue of this act.—That the council shall appoint examiners annually. That medical men entering the army or navy shall possess diploma of qualification to practise medicine—medical assistants to take out a certificate. Medical practitioners may recover for visits and consultations.—That any person illegally obtaining diplomacy shall be sentenced to imprisonment, with or without hard labour, for any period of time not exceeding twelve calendar months. Then follow penalties for illegally practising, making false declarations, or employing unqualified assistants.

Our readers will perceive that this bill, if passed, would have the effect of at once suppressing quackery and the sale of quack medicines—whilst it leaves the right on the part of the druggists to dispense perfectly undisputed.

We agree in opinion with Mr. Dermott (to whose letter in this number of our journal we direct the attention of our readers, particularly to that part referring to chemists and druggists), that it would have been better to have attempted to have re-modelled the present existing corporations than to establish the one-faculty humbug, which, as things now stand, is, we believe, altogether unattainable. We anticipate that a strong move will be made on Wednesday night next, behind the scenes, to throw out the bill; whereas, on the other hand, if Mr. Hawes had confined himself to the re-modelling of our present corporations, that Government which has been so active in reforming the municipal, could not have refused him its undivided support in reforming the medical bodies.

We must now stand by to await the issue, enjoining all our medical brethren to send in their petitions before Wednesday.

The councils of the College of Physicians, Surgeons, and Apothecaries Company, have met by the direction of Government, in order to concoct a bill conjointly, which is to be brought in, provided Hawes's is lost; but when will they not manœuvre to throw off until next session?

We confess that, after the medical profession has been so dishonestly practised upon by jugglers for so many sessions past, we have not much faith in this matter.

Small-pox still continues to prevail to a great extent in the metropolis and its environs, though somewhat abated in its virulence.

THE CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.

CHAPTER XVIII.—MR. WHIPPLES STUDIES MYOLOGY. THE LAST NIGHT IN ENGLAND.
(Continued from p. 272.)

"HALLO, my boy!" said Okes to Whipples, as the former gentleman entered the dissecting-room one day, towards the middle of November, about half-past two o'clock in the afternoon.—"Hallo, my boy! what are you after?"

Mr. Whipples was deeply engaged in endeavouring to inject some lymphatics with quicksilver, and myriads of globules of that evasive element glittering amongst the sawdust of the floor, proved how well he had succeeded in sending the mercury anywhere but where it ought to be.

"I want to see the course of the absorbent vessels over the muscles of the thigh," said Mr. Whipples.

"Oh, that's all of no use," returned Mr. Okes; "you will never be asked it at the Hall, and that is all you have got to care about. Are you well up in the arm?"

"Not very. I wish you would give me a grind."

"I'm much obliged to you," returned Okes, and cannot but feel gratified by the confidence which you repose in my talents, but I am not much in the humour for grinding now. Look here; what do you think of this?"

Hereupon Mr. Okes exhibited a very flimsy piece of paper, which he took from his notebook, about the size of the College diploma, and headed by the words *Au nom du Roi*, in capitals.

"What's that?" inquired Whipples, whose knowledge of French being very vague and limited, imagined it was some honorary certificate for proficiency in Forensic Medicine from another school.

"That's a passport," replied Okes, "and Swubs and I start for Paris to-morrow. I've been sitting for the last three hours in Poland Street waiting for it, and now I can go wherever I like with it."

"How do you mean?" asked Whipples; "Needn't you pay any turnpikes or railroads?"

"No, no," said Okes, impatiently; "that isn't it. You are obliged to have these things to travel abroad, or else you will get put in the jug—that is, a French jug—*cruche*, I suppose we must call it—as soon as you land. It is this bit of paper that assures the French government of your respectability."

"Is that all?"

"Oh no, bless you," replied Okes, proud of displaying his French dictionary knowledge before Whipples, and two or three other men who were poring over a soft, stale, pappy basin in the background, trying to find out the *septum lucidum*, which I believe no student ever did yet.

"Then what else is it good for?" again demanded Mr. Whipples.

"Oh, ever-so-much," said Okes; it procures you aid and protection *en cas de besoin*."

"What's that?" asked the ever interrogative Whipples.

"Why, what's *besoin*?" asked Okes grandly.

"The gum-resin Benjamin of the pharmacopœia," retorted Whipples, in the greatest innocence, half drawing an old translation from his pocket, which he had purchased at a book-stall, to support his assertion.

"Pshaw!" answered Okes; "it means *in case of need*; a protection I shall be very glad to avail myself of, I expect, occasionally."

"Do you think you shall spend much money?" resumed the inquisitive Whipples.

"Very little," replied Okes; "they say things

at Paris are as cheap as dirt, if you know where to buy them. Hats sixpence a piece, boots half-a-crown a pair, and lodgings five shillings a month."

"I should not think that the lodgings were much, at that rate," said Whipples; "they cannot be very great things."

"They're jolly comfortable," said Okes; "at least, so Pepper writes, who has been there some time now. They let you keep dogs in them, and rabbits, and grisettes, and anything else you like."

"What's a grissette?" asked one of the new men, who had heard that the study of medicine was cheap in Paris, and had some thoughts of persuading his governor to let him go there, when he had passed the Hall, to grind up his anatomy for the College at a moderate expense.

"Plummy!" replied Okes, winking his eye; "a grissette is a French translation of a young female, who is something between a washer-woman and a Pantheon stall-girl."

"A very odd mixture," said Mr. Whipples; "I don't exactly see the use of having such an appendage to your household."

"Well, you *are* a fool," replied Okes, throwing a neck-block at him, which missed its aim, and shivered the tube containing the quicksilver all to atoms.

"You've done it now, however," was the remark of Whipples; "what shall I say to Snipliver—it was he that lent me the tube."

"Say I'm going off to France to-morrow, and don't care a d—n for any of them," replied Okes; "where are you bound to-night?"

Now, if the truth must be spoken, Mr. Whipples was homeward bound; that is to say, he had ordered his landlady to prepare his fire by six o'clock that evening, and had moreover invested sixpence in the purchase of a quarter of a pound of coffee, part of which he intended to decoct, in order that the preparation might keep him awake sundry hours beyond midnight, whilst he transplanted to his brain a portion of the information contained in Tuson's 'Dissector,' relative to the muscles of the thigh, sundry diagrams of which he had copied on various fly-leaves of books and backs of letters, and which now covered his table at his lodgings, to the great botheration of his aforesaid landlady's mental faculties, who imagined them a species of puzzle; like making a cat out of letters, or drawing the maze at Hampton Court in a manner that nobody could enter it.

"Where are you going to night," repeated Okes, finding Whipples hesitate.

He was afraid to say that he was going home to read, for fear of being called a muf, so he replied with much boldness, "anywhere you like."

"Then come out with me for a lark," said Okes.

"I'm quite willing—only let me take my book with me."

"Oh, take your book by all means," answered Okes, "and much good may it do you."

I am not going to puff the book Mr. Okes took with him, because I never descend to such quackery, but I think I do medical students generally a kindness, in recommending them to use Tuson's 'Dissector's Guide,' as a work to begin with. The diagrams might have been better drawn, and the text more carefully revised; still it is a useful, explicit, and above all, a comprehensive work for a sucking saw-bones "to direct his attention to," as its worthy author sometimes says in his lectures.

Carefully collecting the remains of the quicksilver, and leaving me strict injunctions to wrap the limb up in a cloth damped with the solution of chloride of lime, Mr. Whipples thrust his book into his pocket, and accompanied by Mr. Okes left the school.

"Will you give me a grind on the muscles

of the fore-arm as we go along?" asked our friend, always intent upon his anatomical pursuits.

"I should think so," replied Okes; "I'm in a humour to grind you upon anything you like, from the plantar fascia upwards. What separates the *iliacus internus* from the achrymal sac?"

"Oh, ever-so-much," answered Whipples.

"That answer won't do at the College," replied his companion; "they'll want something more in detail."

"What is it then?"

"I'll be shot if I hardly know," rejoined Okes. "Let me see"—and pausing a minute to reflect upon the subject, he added—"skin, superficial fascia, Tottenham Court Road, cervicalis ascendens, digitalis purpurea, Trinity Square—"

"Pshaw!" interrupted Whipples; "I thought you knew."

"So did I," said Okes; "but come, now, seriously. What passes through the foramen rotundum of the sphinoid bone?"

"I don't think I recollect," said Whipples, trying to look as if he had once heard it.

"Did you ever see Snipliver demonstrate it?" inquired Okes; "because, if you have, you will remember."

"What is it then?"

"Sometimes a blowpipe, sometimes the end of his pencil case, but more commonly a bristle."

"Oh, nonsense," replied Whipples, half angry, "I wish you'd ask me a serious question—something about the fore-arm."

"Well, then, what muscles arise from the inner condyle?"

"Six," readily answered Whipples.

"And what are they?"

"9, 14, a, 7, x, and 10," was the reply.

"What the devil do you mean?" asked Okes.

"That's right, I know," said Whipples; "I ground them all up last night before I went to bed," and he spoke with extreme confidence.

In explanation of Mr. Whipples' reply, I must state that, like all new men, he was exceedingly fond of diagrams and book anatomy, carefully copying everything from the black board at lecture, and transferring it to his notebook when he got home.

As such, he found 'Tuson's Dissector' of grand utility, and pored over it constantly, until he knew every picture in it by heart. But, fearing that the names of the muscles and arteries might at first tend to confuse him, he confined his attention to the study of the references only, and this will account for his reply to Okes' question. Names like "Pronator Radii Teres," or "Flexor Carpi Radialis," were as yet rather beyond his mental grasp, although he well knew the numbers that expressed them in the diagrams; and when appealed to in the dissecting-room, as frequently occurred, to name any particular portion of the body, he could unhesitatingly reply, "That's f," or "That's 15," as the case might be—a system of anatomical stenography highly to be approved of, but which, it is to be feared, the College do not yet perceive the real advantages of, so that it is not universally adopted.

"Are you and Swubs, then, really off to-morrow?" said Whipples, perfectly convinced that his companion was not in a humour for grinding him.

"Fact," returned Okes; "if we are not we have been great fools, for we have sent all our things down to the steamboat."

"And what time do you start?"

"Six o'clock to-morrow morning, from London Bridge Wharf, by the City of Boulogne. I expect Swubs is at my lodgings by this time, and, after some grog, we'll be out upon the loose."

"And not go to bed?"

"I should not think it very probable. I want to carry the time on until we can go on board, and you must stay with us."

Mr. Whipples perfectly resigned himself to his fate. He thrust his book with determined desperation into his hind pocket, and giving himself up entirely to Mr. Okes, soon found himself at the door of the house wherein that gentleman tenanted a third floor.

The mansion in which Mr. Okes had pitched his tent, or more properly pitched his things down—for he was not over tidy in the arrangement of his wardrobe in the drawers, generally preferring to keep his clean shirts in the closet with the tea-things and bottled porter, and his clothes in his trunk, in company with odd vertebræ, stale pipes, half-injected placentæ, and scraps of various "Anatomists' Guides," and "Students' Companions,"—the mansion, I say, was dedicated solely to the affording medical students a place wherein to lay their heads. The rooms on the separate floors were all alike, varying only in the rents, which increased like the radiation of caloric in an inverse ratio to the square of the distance from the street-door. By describing one, you may form a just idea of all. Glazed calico furniture, to keep clean longer; dingy walls, redolent of tobacco; a dark half round mahogany table, whereon was seen a desk; a 'Quain's Anatomy,' a scapula, a broken scalpel; a sixpenny song-book, and sundry circles of evaporated moisture, somewhat of the circumference of a quart pot; a carpet, whose pattern had long since been entirely obliterated, and whose colours had settled into a very neutral tint variegated with mud; a looking-glass scored with a diamond; a few pictures of that elaborate kind only seen in lodging-houses and brokers' shops, and you have a very fair idea of the apartment into which Okes and Whipples entered.

ROCKET.

HYDROPHOBIA INCAPABLE OF SECOND TRANSMISSION.

A PHYSICIAN of considerable eminence at Rome, Dr. Capello, in a late memoir read before the Academy del Lincei, affirms, that the hydrophobic poison, after its first transmission, *loses the power of re-conveying the disease*. The same doctrine had formerly been maintained by Bader, but Dr. Capello confirmed it by repeated experiments, of which the following may be considered decisive of the fact.—A lap-dog and cat were both inoculated with the saliva of a dog who had died of *inoculated* hydrophobia; they both remained free from the disease. Three years afterwards, the lap-dog was again inoculated from a dog who had become rabid *spontaneously*; he then took the disease and died.—An ox was bitten by a dog who had been attacked by rabies, naturally; the ox became hydrophobic, and bit several other animals; but all remained free from the affection. The same dog which had bitten the ox also bit a child, who died about four months afterwards, with all the symptoms of hydrophobia; with the saliva of this child a dog was inoculated, but the disease was not transmitted.—A dog which had been bitten by another dog became hydrophobic on the 51st day, broke the chain by which he was fastened, and escaped into the street, where he bit many persons as well as two well-known household dogs; attempts were, of course, made to kill him, and several joined in the chase, but he disappeared among the ruins of the Villa of Quintilius Varus. It is remarkable that not one of the persons or dogs so bitten ever had the slightest symptom of hydrophobia. Bader's doctrine, therefore, of the non-transmission of this terrible disorder through more than two persons or animals, seems to be confirmed.

LETTER TO BENJAMIN HAWES, ESQ., M.P.,

By G. D. DERMOTT, ESQ.,

(Continued from p. 275.)

IN the next place, Sir, the system of *concour* would benefit the institutions individually both hospitals and medical schools. You will perceive, Sir, by the documents which I have sent, that when Louis XVIII., at his restoration, attempted for a short time to supercede *concour*, by assuming to himself the despotic power of appointing public medical men, it was the cause of nearly extinguishing all enterprise between students as well as between medical men, and of arresting the progress of medical science for a time in France. The schools were deserted until Louis found himself obliged (much against his inclination) to re-establish *concour*. But what did he do? He modified this honest Buonapartian plan of rewarding merit, by instituting a new order of professionals, "Agreges," or fellows; these, chosen by *concour*, were to act for the professors in case of illness, and professors were often arbitrarily selected from these by the Crown upon vacancies taking place. The object in instituting such a body is said to have been a political one—that of keeping the professors and the most influential and talented men more immediately under the eye and surveillance of government.

When Charles X. began to exercise despotic power, he, in imitation of Louis XVIII., attempted to do away with *concour*; and, to give the Crown as much patronage as possible, professors were appointed to the faculty by the Crown; but the consequence was (the pupils not liking the Lecturers) the desertion of the class-rooms, although government employed the soldiery and everything but the cannon-ball to enforce attendance. They were thus obliged in both instances to restore *concour*.

Were *concour* established in an hospital, the influx of pupils would be very great in consequence of the strong inducement held out to the industrious and enterprising by the certainty of the best of them becoming dressers, house-surgeons, and, in time, hospital physicians, surgeons, or apothecaries, instead of returning from London penniless and prospectless. Only fancy to yourself, Sir, the character and the conduct of the pupils in such an institution, their eagerness to receive instruction, and to observe for themselves the course of medical cases, the capability of the dressers and house-surgeons, and the thorough efficiency of the senior medical officers; which having been tested and proved, would redound vastly to their credit, be a passport to them for life, and contribute much to increase the professional practice of the last-named individuals.

No doubt the faint imitation of *concour* in the election of house-surgeons and dressers, and the distribution of a few paltry medals, have proved an immense bait to pupils at the London University College Hospital, and have incited them to study.

Moreover, if an hospital existed where medical officers were chosen by *concour*, and the public admitted at the elections to witness the rivalry of talent and moral worth in that hospital, as in France, the community at large, as well as the medical public, would feel interested for the welfare of that Institution specifically, and would more willingly subscribe for its support than for those conducted on the present system; more especially if, with all this, those vile "letters of recommendation," (the hunting after which is, I am convinced, too frequently the cause of the death to the sufferer,) were dispensed with, as in the Greville Street Free Hospital, which flourishes so well

principally on this account. Such an hospital as I have pointed out, with *Concour* established, would be, in every sense of the word, the people's hospital—it would be, in fact, "*a charitable Institution*," and its funds would, I have no doubt, prove immense.

I have asserted, that, 3rdly, *the system of concour would benefit the community at large*, inasmuch as it would prove beneficial to the sick, both in and out of the hospitals, and tend materially to relieve the sufferings of mankind. It would distinguish those most competent to afford the best medical assistance, and would guarantee to the public that the sick in the hospitals had the best medical attendance. And in reference to the junior officers, such as house-surgeons and dressers, who have important duties to perform, and upon whose conduct depends in a great degree the mitigation or increase of the sufferings of the patients, these would be young men, picked out of the multitude of pupils as the most meritorious, and not obtaining their situations by purchase.

The duties, Sir, of the governors to medical institutions are most intimately, and to a fearful extent, wound up with this topic. You will admit that humanity, justice, and morality, are the same, in the abstract, in one elime as in another; that if *concours* have proved conducive to the furtherance of science, to the encouragement of the enterprising pupil, to medical research, to the suppression of imposition, the mitigation of misery, and the consequent increase of human happiness in France, the system may prove equally so in England.

It must redound to the benefit of every nation to encourage merit; but when talent is to be employed for the salvation of human life, it becomes a religious duty to encourage it; and, for my part, I would make the buying and selling of public medical appointments, or even the intriguing after them, to the detriment of merit, and consequently of public good, subjected to a severe legal punishment.

The professed object of the governors is charity; and the only question with an honest man is, how his subscription can be best employed for public good and the relief of his fellow-creatures?

The present mode of electing officers to all our institutions, considering its effects upon the profession, and the consequences entailed by it upon the public, is neither compatible with genuine charity, honesty, good morals, the rights of talent and industry, nor with Christian principles.

The establishment of *concours* would suppress medical quackery of all kinds and degrees. To do this effectually, you must operate through the medium of the public mind, by means of reason and conviction. Let the public witness the practical application of medical science, and obtain cognizance of the general principles of medicine, by being admitted to the public trials and examinations; they will then set a value upon medical science, and will duly appreciate a well-qualified medical man, in the same manner as we estimate a good engineer or a watchmaker, upon the strength of our general knowledge of mechanics, or the mechanism of a watch—whilst, in the same ratio, they would deprecate and hold in abhorrence quackery.

It may be truly said, with regard to the medical profession, that "reputation is an idle and false imposition, oft got without merit, and lost without deserving." This is not the case at the bar, for there the public can judge. It is not the case in the pulpit, for there the public can estimate a man's real abilities also. On

the other hand, the public are perfectly ignorant of the general principles of medical science, and cannot consequently form a real estimate of medical men's abilities; but the man who can humbug the best is the best off.

The taste of the public in favour of open empiricism has hitherto been fostered, both by Government and the medical men; the former, in the most direct manner, obtaining a portion of its revenue by it, whilst the conduct of medical practitioners has often partaken too much of mystification; and they have been too zealous in selling patent medicines, for the sake of a little ready profit, whilst they have forgotten the indirect and ultimate loss they have been entailing upon themselves thereby, and the injury they have been doing to the profession.

With regard to the clauses which the public are informed you have omitted in your present bill, you may already, perhaps, in a degree, anticipate my views.

I cannot but express my opinion, that you were wrong in so readily withdrawing them on account of a slight opposition occasioned by a particular party, after you had advanced them upon the strength of a thorough conviction that you were doing right.

Sir, is it not most notorious that, at present, any person, however ignorant of Pharmacy and Chemistry, your own chimney-sweeper, if you please, can open a druggist's shop, prescribe for medical cases, and practise what he would call surgery; whilst, if any regular physician or surgeon were to sell a single dose of medicine which he has the liberty of prescribing, he would be subjected to an action at law?

It has been stated, that if chemists and druggists give up the right (?) of prescribing, the medical practitioners, on the other hand, should be prohibited the practice of dispensing and selling drugs.

This, Sir, is by no means a just position. It is preposterous to imply that, because a man (the regular practitioner) can prescribe, he is incompetent to dispense medicines. And equally absurd is it to say that he should be prevented from so doing. This, indeed, would be punishing merit, and rendering competency nugatory. On the other hand, the druggists have no right, title, or claim whatever to prescribe, having undergone no prescribed course of study and no examination, even in Pharmacy, much less in the practice of physic.

It has been lately asked, I think by one of your honourable members who opposed your clauses relating to chemists and druggists, "If he were taken with a sudden pain in his bowels, whilst walking in the street, is he to be prevented from entering a druggist's shop, and requesting the druggist to prescribe some medicine for his complaint?" I answer, certainly I would prevent him so applying to the druggist, on the same principle that I would prevent a man from committing suicide by throwing himself over London or Waterloo bridges. Now, with regard to this supposed case, advanced by the honourable gentleman for the sake of argument, it is well known that obstruction and pain in the bowels may be produced from various causes, which only an individual understanding the human body can make his diagnoses respecting. Should it arise from hernia, as it frequently does, if the druggist prescribed a purgative, would he do harm or good?—Harm, certainly. If he prescribed a stimulating anti-spasmodic, what would he do? The answer is—harm. What is he doing besides? Why, losing the few hours that could have been employed for the salvation of the patient's life, and the case consequently termi-

nates fatally! What knowledge has the chemist of the diagnostic symptoms of hernia, its nature, and treatment? So much for your honourable member's case of obstruction and pain in the bowels, which he has made use of unwittingly in illustration of his argument. There are plenty of surgeons in the metropolis and elsewhere, and your honourable member could as well have knocked at a regular practitioner's door as have quacked with the druggist.

Sir, I can point out to you a case which has occurred within these few last weeks of a dislocation of the lower jaw, which was mistaken by a druggist for a spasm. Another, of a dislocation of the head of the arm-bone downwards into the arm-pit, which was also mistaken and maltreated for a sprain. I will not mention names to you publicly in this communication (although I could do it confidentially), as I do not wish to subject myself to an action—truth being a libel. The instances that I have adduced are only, however, a few out of a vast number constantly occurring. We pass a druggist's—we often see his cab standing at his door. For what? Why, that he shall take his rounds to see his patients—without having undergone any course of professional study, or passed any examination, either as to pharmacy, practice of physic, or surgery.

Should you stroll into the country, you may frequently see grocery sold on one side of the shop, and drugs on the other (nay, I am told that there are some instances of this sort even in the metropolis), the proprietor officiating on either side alternately—dealing out his tea and sugar one minute, and dispensing drugs the next; and acting, moreover, as a prescribing physician: or should the medical oracle himself chance to be temporarily from home, perhaps his worthy spouse may officiate in dispensing, prescribing, bleeding, drawing teeth, or even in treating dislocations for sprains, or in attending to bowel complaints.

So ignorant are the public of medical matters, that a vast majority of them take it for granted, that the druggists, because they have a shop, are qualified to prescribe.

That druggists, even after having taken out a licence to *dispense* medicine, by undergoing a suitable examination, ought not to be permitted to practise medicine or *prescribe* without a suitable course of study and a suitable examination, cannot be disputed by any unprejudiced individual. They have no right whatever to assume for themselves the last-named privilege; but so far as it regards the *general practitioner* dispensing medicine, who has, by the nature of his examination, been proved competent so to do, it should be left perfectly optional with himself.

I maintain that any person, whether general practitioner or not, should be permitted to practise pharmacy after having undergone his pharmaceutical examination for that purpose. If the innovations of the druggists, in practising medicine, were no longer perpetrated, there would be a much fairer field for competition thrown open to the young and legalised practitioner, inasmuch as there would be a greater call for medical men, and many, upon the strength of it, would open shop, commence general practice on their own account, and tender advice and surgical assistance at a cheap rate, who have at present no reasonable chance of success to encourage them making such an attempt.

When we have petitions for medical reform, and praying that unqualified druggists shall be prevented from prescribing in various parts of the metropolis, at Mr. Peplow's, Tottenham

Court-road; Medical Times office; Mr. Davis, Broadway, Westminster; Mr. Baylis, Oakley-street, Westminster-road; at No. 4, Regent-street; in Bishopsgate-street, City; at the Polytechnic Journal office, Wellington-street, Strand; and another in Drury-lane, all under a rapid course of signature, not only by the profession, but by the public at large, these are hints that cannot be mistaken—it proves that the public at large desire to duly protect their own lives, and that when the path for their so doing is once distinctly pointed out, they will eagerly follow it; but as to the condition of the medical profession, the public they have hitherto been groping in the dark.

The present chemists and druggists who have opposed the clauses which you have withdrawn, have mistaken their position, not only with regard to their duty, but as it concerns their individual interests; for the law would not have had a retrospective influence upon them as dispensers; it would have protected their trade, inasmuch as it would have prevented persons not duly qualified commencing in the capacity of chemists and druggists.

Some have been rather astonished who have heard that Mr. Warburton promised to support your bill, provided you pledged yourself to withdraw the clauses touching the druggists upon the alleged principle of his being an advocate of free trade. Was this said from sheer stupidity, or was it not? Why, he might as well have supported the slave-trade upon the same plea. Nor can I understand the observation of your honourable speaker, that your clauses in reference to chemists and druggists should have originated in a committee of trade. Did not Mr. Warburton's committee of inquiry, which sat so late as the year 1834, refer to physicians, surgeons, apothecaries, *chemists*, and *druggists*?

As to your tax upon medical men for registration, all taxes upon knowledge are bad, especially when, in connexion with that, merit is not rewarded in a nation in a ratio as it is taxed. If a tax is to be levied, it should be as small as possible, because many possessing diplomas, as things now stand, are not over rich. If the bill levies a tax, it should also hold out an equivalent professional immunity. I cannot refrain, however, after due reflection, from also expressing my fear that, as your project of establishing "one faculty" would, if carried, have the effect of making the present existing medical corporations still less popular, and, in the same ratio, obsolete—you will be so strongly opposed by their combined influence that your bill will be shipwrecked. I think that the primitive one-faculty advocates in Parliament knew this, and knew it from the very onset. If so, the medical profession have been regularly gulled about it. I moreover think it would have been perfectly practicable to have carried out the grand principle which is embodied in your bill, viz., the enfranchisement of the profession by reforming or new modelling the present existing corporations, and Government in such a project could not have refused you its support.

Lamenting, Sir, that you abandoned the clauses relating to the druggists, and that your bill does not embrace others of equal importance, but rejoicing at the same time that it contains so much which is good; I sincerely hope that you will stick firm to the principles of the representative system of medical government which you have therein advanced, caring not for opposition in a good cause, but keeping your eye upon the public welfare. I am, sir, Your obedient servant,

G. D. DERMOTT,

Lecturer on Anatomy and Surgery,
Charlotte-street School of Medicine.

15, Charlotte-street, Bloomsbury, March 8, 1841.

An Essay on the Clinical, Botanical, Physiological, and Parturient Properties of the Secale Cornutum, with an Engraving. By T. H. WARDLEWORTH, Surgeon. Pp. 69. London: Simpkin and Co.; Wrigley, Rochdale. 1840.

It is rather surprising, considering the almost universal employment of the secale cornutum, by obstetric practitioners of the present day, that so little should be known respecting it, with the exception of its being incidentally and partially noticed by lecturers on *Materia Medica* and Midwifery—without illustrating its effects upon the uterus in an obstetric point of view.—To fill up this *hiatus*, Mr. Wardleworth, who appears not only to be well conversant with its properties, but also has extensively administered this substance, comes forward most opportunely to favour his professional brethren with the result of his experience. We regret our limits prevent us quoting many extracts, we shall therefore content ourselves with the following, as specimens of the little work before us.—Speaking of the *Secale Cornutum*, Mr. W. observes:—

Its effects on the system with respect to various diseases require to be proved. Has its administration any effect on puerperal fever, inflammation, exhaustion, or phlegmasia dolens? Does it increase or diminish the number of patients of each class? Does it aggravate or abate their sufferings? We may add to these, diseases of a different description, as chlorosis and menorrhagia, in both of which it ought more fully to be tried. There yet remains another class of diseases, those of the womb of one order of which we will venture to state. "Mrs. L. had for many successive months, at the ordinary period of menstruation, evacuated an organized substance, much resembling a placenta, but smaller, it might fill a teacup; it was expelled with considerable pain, and the health was considerably disturbed and broken. A drachm of the secale cornutum was infused in eight ounces of water, of which four table-spoonsful were taken daily, for upwards of six weeks. At the usual period of menstruation, which occurred in a fortnight after the infusion had been taken, but was accompanied with less pain or hæmorrhage; in a month after this, the menstrual discharge was natural, and continued to be so. The last substance my patient parted with I did not see, but was reported to be fleshy as before."

In the course of my practice, the secale cornutum has been administered to 1,500 patients, without selecting, or in any way giving a preference to, any individual case, or professing that knowledge by which a partiality might have been given; for so little has been published on the subject, that, in common with other practitioners, feelings of hesitation have sometimes passed in my mind when administering a drug of which nothing was known but the general character of its common effects. Yet, under these circumstances, I have administered it to 1,500 patients, as before mentioned, with the most satisfactory results; and that a mode of treatment which has proved so safe, and so salutary, and which, to a great extent, has lessened the period of suffering, may become a great object to medical practitioners, this attempt to excite more general attention to this subject has been made. In several instances of the 1,500 that have been mentioned, there were several rendered tedious, from insufficient uterine action, arising from various causes, as protracted disease, excessive discharges, depression of the mind, giving birth to a large family, and other sources of exhaustion. Here we may notice a remarkable provision of nature; the womb is for a specific object, and its office for a limited period; the energy supplied to its muscular organisation is consequently under the same provision, it also is limited; so that when its place in the economy of nature is no longer required, its capacity ceases, and debility succeeds to strength. No other muscular fibres are under the same law.

those of the arm strengthen with their use, but the muscular tissue of the uterus is governed by another agency, more adapted to its office. Muscular power depends upon two sources, one which is the principle of life, which is in itself greater in some individuals than in others; the other, is a peculiar power communicated by the nerves connected with the uterus; how to trace the state of the uterus to either of these causes is difficult, but as a wise provision of nature. These being deficient, a protracted labour may be expected, and the *secale cornutum* safely administered.

It is evident that the operation of *secale cornutum* is specific; that the seat of its operation is the uterus, and that it assists the energies of nature in expelling the children: from these considerations it probably arises, that cases of a tardy labour are so generally noticed as most favourable to the exhibition of the *secale cornutum*; but as this is a direct power for a direct end, it admits of a general, not a partial application, and demands extensive observation, to ascertain the full extent of its virtues, and the means by which it may be advantageously employed in all ordinary cases. That which promises to take from the pregnant woman her dismay and dread of the hour as it approaches, which may give life to the child at the expence of her own, is worthy the attention of all whose studies can assist the inquiry.

The following is the practice of our author, which he tells us he has followed with great success during the last twelve years:—

As soon as the os uteri has been found to be at all dilated, if the pelvis be well formed, the pains recurring at long intervals, and the mind tranquil, then without hesitation I give fifteen grains of the powdered rye in half an ounce of tepid water; in a quarter of an hour after, if uterine action has not commenced, the dose is repeated, but this is not frequently required; in most cases a very short period elapses after the first dose before pain is referred to the pubic region, striking from thence to the back; the pains are slight at their commencement, and recur every two or three minutes, gradually increasing in strength and frequency till the os uteri is dilated to the size of a crown-piece; the pains after this gradually decline and frequently altogether subside. When this happens, the influence of the first dose may be considered as having passed, affording important information; first, that the influence of the medicine is of limited duration; secondly, that the gradual manner in which the action advances to its full strength and then as gradually abates, is a safeguard in preventing a rupture of the uterus, and in lessening the tendency to hæmorrhage; the slight action at first, prepares the uterus for what follows. The pains having nearly ceased, the patient is in a fit state for a second dose, which should be stronger than the first, but not exceeding one drachm (we have in many cases given two scruples with success), which renews the action of the uterus, and the child is in a short time expelled. When the foetal head is born, the delivery of the body of the child ought to be retarded rather than accelerated, thereby allowing the uterus to contract gradually upon its contents, by which a retention of the placenta rarely occurs from irregular action of any portion of the muscular fibres of the uterus. I likewise, after dividing the funis, commence by gentle traction with the umbilical cord to deliver the placenta, which is generally effected in a few seconds (unless morbidly adhered). If the membranes are ruptured, a second dose is often unnecessary, but always safe.

Our limits reluctantly compel us to stop, but most cordially do we recommend every obstetric pupil and practitioner to attentively peruse the little unpretending volume before us.

A great number of petitions for Medical Reform are going through the course of signature in the various parishes of the metropolis, for presentation to Parliament, in support of the good cause.

CORRESPONDENCE.

To the Editor of the 'Medical Times.'

SIR,—The question which has been for some time agitated in England respecting the practice of Medicine and Pharmacy being exceedingly important, more particularly as regards the assumed privileges of chemists and druggists, I cannot, as an apothecary, though a foreigner, refrain from giving my opinion upon the matter; more especially as I should be glad to see an improvement in the education and qualifications of these dispensers of medicines in such a populous country as this.

I have had the honour of being introduced to many chemists and druggists in London, whom I esteem as standing very high in their profession, and perhaps no country can boast more skilful men; but I have, for the sake of curiosity, visited a great number of small shops, and have found the proprietors so ignorant, that I was astonished how they were permitted to sell or dispense medicine to the public. Many of the persons to whom I allude do not possess a spark of that knowledge which is necessary and proper for them to have, and which is the only security which the public can have in purchasing their medicines from them. Many of the chemists and druggists of London know no more about the things in which they deal than a common grocer!

I will now inform you in what respect the practice of Pharmacy in England differs from that in Sweden. You are perhaps aware, that Baron Berzelius has been professor of Pharmacy at Stockholm thirty years; and that circumstance will no doubt account for a considerable portion of the attention which has been paid to the science by other skilful men. The celebrated Scheele was no more than an apothecary in a small country town, called Köping. This man was the greatest genius of his time,* and certainly, at the present day, we have no one who can be compared with him, although we have such names on the list of apothecaries as Plageman, Forshell, Zetterberg, Kantzau, Alenstrom, &c., who are at least equal with those of any other country.

Sweden contains eighty-three cities and towns, with a population of three millions. In Stockholm there are fourteen apothecaries; in Gottenburg, four; in other towns not more than two; and in most, no more than one: no farther accession to these numbers is permitted by the government. Each Pharmacopolist must reside two years in Stockholm, the capital, and even more, if that be necessary; and I know persons who studied during five and six years in the capital, before the examining professors considered them to have attained the necessary knowledge. I also know some who never could undergo this examination: still, on no consideration whatever can they pass into practice without this knowledge, and many, thus unfortunately situated, have been compelled to forsake Pharmacy altogether. I will now describe the progress of a Swedish apothecary, from the day of his apprenticeship to that of undergoing his final examination at the Carolinian Institution, and obtaining his diploma from the College of Health.

An apprentice is taken at the age of sixteen or seventeen, and he must have been previously bred at a preparatory school, where he must have acquired a competent knowledge of languages, more particularly the Latin and Ger-

man. He must serve three or four years; but this will depend much on his own diligence. During the first two years, he has to study the Nomenclature, Materia Medica, and the Pharmacopœia Suecica; and, of course, be at hand in the shop or office. The last year he is in the laboratory, in order that he may acquire practical chemical knowledge. He also visits the Pharmaceutical Institution two or three evenings in the week, to hear lectures on Materia Medica and Pharmaceutical Chemistry. If, now, his master should consider him to possess the necessary knowledge, he is to be examined by two apothecaries appointed for that purpose, who give him the necessary testimonials of his proficiency. He has now to announce to the Apothecaries Society, that he wishes to undergo the "*Examen Studiosi Pharmaciae*," or the examination of a student in Pharmacy. This Society, which consists of fourteen members, fixes a day for that purpose, and he is accordingly examined by two apothecaries in Materia Medica, Botany, Cuvier's System of Zoology, and that portion of chemical science which relates to the preparations in the Pharmacopœia Suecica: he also, in their presence, prepares two chemical compounds used in medicine, and must explain the process going on, in regard to the action of the substances on each other, their decomposition, re-action, neutralization, recomposition, and newly-acquired qualities, and Pharmaceutical character. He is then examined in the Latin, German, and French languages, by a master, to whom the Society pays a yearly salary for that purpose.

The pupil is now at liberty to announce his examination to the COLLEGE OF HEALTH; to which he annexes a protocol, containing certificates of his proficiency. If he has had four *approbatus*, the College administers to him the oath, and issues out to him the diploma of a "*Pharmaciae Studiosus*," for which he pays four shillings, English money, besides one shilling and sixpence to the Apothecaries Society.

The *Pharmaciae Studiosus* is to practise during four years, as well at the counter in compounding physicians' prescriptions, and other things, as engaged in the laboratory in Pharmaceutical preparations. When these four years have expired, he is a "*Pharmaciae Candidatus*," and begins to study for an apothecary's "*Examen*." He may undergo this examination directly, if he chooses; but I know well that such is by no means an easy task. He now takes private instructions in chemistry and other branches, and attends the daily lectures at the Carolinian Institution, on Materia Medica and Chemistry.

When the candidate has done all this for a year and a half, or two years, and has read and studied deeply all that Baron Berzelius has written, as well on Inorganic as on Vegetable and Animal Chemistry, he is at liberty to go to Professor Mosander, who at present fills the Chemical and Pharmaceutical chair, and demand from him a "*tentamen*," or preliminary and private examination of his proficiency; and if that gentleman consider him to possess the necessary knowledge, he sets him to prepare the chemical compounds, at the same time desiring him to write an exact description of his mode of manipulation. Having accomplished this task, the Professor gives him some liquor to analyse, which usually contains Sulphate of Zinc, Potasso, Tartrate of Antimony, Cyanide of Silver, Arsenic, or Arsenious Acid, or any other soluble metallic salt. Having analysed this liquor, and exhibited separately the sub-

* The Swedish apothecaries erected a monument to his memory, about fifteen years ago, in the church of Köping.

stances contained in it, he delivers a written description of his mode to the professor; and he has then to undergo the second more difficult *tentamen*, in every branch of chemical and pharmaceutical science. If the professor be content with the result of the *tentamina*, he gives a certificate of the same.

The candidate has now to refresh himself in all matters relating to Natural History and *Materia Medica*: in Botany he must be acquainted with the Sexual system of Linnæus, as well as with the *Ordines Naturales* of De Candolle; and in Zoology, he must be perfectly conversant with Cuvier's system. He is then to undergo a "*tentamen*" before Professor Wahlberg, who fills the chair of Natural History, and have a certificate from him of his proficiency therein.

He has now to deliver a bill or letter written with his own hand, and annexed to his two certificates, to the Secretary of the Royal College of Health, demanding a final examination as to his abilities to practise as an apothecary. The College appoints a day and hour on which one of its own members, the before-mentioned professors and their assistants, and the two apothecaries who had certified him as a "*Pharmaciae Studiosus*," shall meet at the Carolinian Institution. In his examination by these gentlemen every question is written down; and if it be finished to their satisfaction, they give him a "*videtur*," or protocol of proficiency, which he leaves at the Royal College of Health; and the member of the College who happens to be present, fixes a day for his coming thither. If the members of the College, generally, consider him to possess the proper qualifications of an apothecary, including no less than four "*approbatus*," they administer to him the apothecaries' oath, and present him with a diploma as a provisor or apothecary, the names of all the members being signed to the same. For this diploma he pays one pound three shillings sterling, and seven shillings and sixpence to the Apothecaries' Society.

Still, however, our proficient is not permitted to open a shop, or commence business, in any pre-occupied city or place, but must wait for a vacancy by death, or purchase a practice from some apothecary about to retire. Whether this monopoly, by a certain number of apothecaries, be proper and judicious, as regards the interest of the public and the profession, I do not profess to determine.

Now for the management of the apothecary's shop:—Every prescription containing large doses of opium, calomel, and other strongly operating medicines, to remain on the apothecary's file, as a security, or means of detection, if the same should be improperly used; and the apothecary is not allowed to sell such medicine to the public without a prescription from a legally-ordained physician, which prescription must be prepared in his own laboratory. An apothecary is not permitted to travel abroad, or quit the town in which his laboratory is situate, without leaving in his stead some assistant or substitute, who has undergone all the before-mentioned examinations.

The College of Health has the power to examine all apothecaries' shops whenever the members choose to do so; but they regularly do this in the autumn, which is the time that the foreign drugs are usually purchased. In Stockholm, Professors Mosander and Wahlberg, a Fellow of the College of Health, and any physician who choose, are present at the examination of these drugs, both simple and compound. In country towns a physician is appointed to this business by the College

of Health. There is a regular price for all medicines throughout the kingdom, so that overcharge is absolutely impossible. Patent medicines are prohibited by law from being sold in Sweden; but we have many establishments for the preparation of artificial mineral waters, both warm and cold, viz., in imitation of those of Carlsbad, Embser, Marienbader, Kreutz-bram, and Ferdinand's-queue, &c. At a period when the English have become so proficient in chemistry, that they can easily prepare all artificial waters *quite equal to the natural ones*, I cannot see why the nobility and gentry residing in London could not be supplied with waters at home, as well as by travelling abroad to the natural springs. In Stockholm, where the population is not more than 90,000, there are *five* such establishments; and in every large town in Sweden there is *one*. In Norway, Denmark, France, Russia, and America, there are many such establishments. Why not in London, Oxford, Cambridge, Liverpool, Manchester, Edinburgh, Glasgow, Dublin, Cork, and other large cities and towns in Great Britain and Ireland? I leave this question to be practically solved by the English chemists; and beg leave to subscribe myself,—Sir, your very obedient servant,

A. F. HELLBERG, Swedish Apothecary.

24, Wilmot-street, Brunswick-square, March 1, 1841.

To the Editor of the "Medical Times."

SIR,—My last letter on quack advertisements having been honoured with a place in the "Medical Times" of the 27th ult., I am tempted again to intrude myself on the same subject, and to lay before you and your numerous readers—but more especially before proprietors and editors of newspapers, and other advertising mediums—my reasons for believing that no loss, in a pecuniary point of view, would be incurred from excluding from the columns of the public press such pick-pocket and villanous announcements. I believe this from many considerations, too numerous to mention. Let this all-sufficient one do for the present—that the loss which would arise from the exclusion of quack advertisements would, to a certainty, be made up by an additional number of what I would call respectable ones, which are prevented from appearing in the present state of matters, just from the fear of being placed in juxtaposition with specific solutions, for curing all sorts of venereal ulcers, gleet, &c.; balsamic pills, for removing with railway speed diseases of a certain character; and universal ointments, which cure every thing, from the scratch of a pin-point to the most deplorable case of hospital gangrene! It is this circumstance, and this alone, which deters many an individual from advertising, who, in different circumstances, would do so. Besides, I am certain you will agree with me in believing that they would not, by this means, detract from the respectability of their paper, or from its circulation. I know many individuals who will hardly admit a newspaper into their houses, just on account of the dread they have that obscene quack advertisements should meet the eyes of any member of their families. Exclude such, they say, and then we have no objection to read the papers of the day—allow them admission, and never will any newspaper find an entrance within our doors. Now, would not this recommendation of mine, to give up this hellish traffic, be the means of not only increasing the number of advertisements, and adding to the paper's respectability, but also of increasing its circula-

tion? Over and above all this, Sir, and setting aside these incontrovertible arguments, I am prepared to say, that if proprietors and editors knew the extent of the misery they were instrumental in entailing on thousands—aye, tens of thousands—of individuals, they would not require to consider long the propriety of banishing for ever from their sight these black and cruel stains on all the laws of nature and humanity. Let them try the experiment, and, although I am no prophet, yet I can safely say that, by faithfully doing so, they will not go unrewarded.—I am, Sir, your very humble servant,

AN M. R. C. S. OF EDINBURGH.

Edinburgh, March 3, 1841.

SPIRIT OF THE MEDICAL PRESS.

ON DISEASE IN THE LUNGS.

As to the quality of fluid effused, the discrimination may not be easy, or at all times practicable. It has been laid down by authors, and by those who have enjoyed extensive means of observation, that where pus is poured out into the chest in quantity, the effusion is attended with rigors, but not so with serum. This probably is very generally the case, and it consists with analogy; but one of the following instances of serous effusion was an exception to the rule, in which, although a severe rigor shook the patient for the space of an hour, I found, after death, no trace of purulent secretion.—The inconvenience resulting from effusion of fibrine into the pleural cavities is rarely felt, or at least distinguished, until, at a subsequent period, the adherent matter assuming a solid form, and the serum disappearing, the adhesions manifest the characters of organized membranous expansions; such adhesions binding and checking more or less the action of the lungs, and at times giving rise to uneasy restrictive feelings or acute pains, especially perceived when under the influence of cold, may generally be discriminated by the occasional pain being always confined to the same spot.—Where a large collection of pus or empyema forms in the cavity of the chest, it is quite surprising how little disturbance of health may be induced. Several cases of this kind will be noticed. But where, on the other hand, effusion takes place into the cellular tissue of the lungs, the consequences may be said to be still more serious and urgent. Serum in this way rapidly poured out, I have repeatedly known destroy life in a few hours. In one instance, especially, a gentleman long inconvenienced by chronic bronchitis, which he neglected, after being actively on his feet and about the town all day, went to bed as usual, yet, his wife on waking early in the morning, was shocked by the discovery that he was dead. (Another instance of a similar result, under acute inflammation, will be presently noticed.)—Should the fluid, thus situated, contain much fibrine, or the quantity effused be moderate, the patient may survive, and the serum re-absorbed, he will appear to recover, up to a certain point, continuing to complain only of a permanent sense of weight and difficulty in breathing; most distressing in moist and foggy weather, and so far simulating asthma. In this state the cellular tissue, infiltrated with consolidated fibrine, the air-tubes and blood-vessels are alike oppressed; neither can the air pass into, nor the blood circulate through, the lungs with the freedom required. So circumstanced, if examined after death, and cut into, the lungs exhibit a texture more or less dense and compact

all the vessels and tubes appearing small and compressed; and in this state, from the resemblance to liver, they have been said to be hepatised.

EFFUSION OF SERUM INTO THE PLEURAL CAVITIES, AND INTO THE PERICARDIUM.

Mrs. H., 27, a fortnight after her first accouchment, become poorly, with slight oppression at the chest, for which brought to London; she was placed, for greater security, under two physicians, both baronets. A slight cough, for several months troublesome, still continued; but her complaints were thought lightly of till one afternoon, suddenly seized with palpitation; her physicians sent for, came and gave the husband an opinion totally opposite to that previously delivered. Instead of being told there was no danger, he was now assured there was no hope, an assurance soon verified by her death.—The husband called on the late Mr. Heaviside to open the body, expressing his fear that as her titled attendants had certainly formed a wrong opinion, they might also have adopted a wrong treatment.

Post-mortem.—We found, in each side of the chest, several pints, and within the pericardium about eight ounces of serum. In the abdomen, about a pound of serum; the viscera all sound. In the pelvis, the only peculiarity regarded the ovaria, one only being developed, and that to double the natural size, the other presenting only the slightest trace, no larger than a millet seed.—*Howship on Surgical Disease.*

VACANCIES, PROMOTIONS, & APPOINTMENTS.

ARMY.—10th Regiment Light Dragoons, Assistant-Surgeon Arthur Anderson, M.D., from the 82nd Foot, to be Assistant-Surgeon, vice Stewart, promoted in the 93rd Foot.—17th Light Dragoons, Surgeon John Dempster, M.D., from the 62nd Foot, to be Surgeon, vice Ellington, appointed to the Royal Hibernian School.—62nd Foot, Surgeon John Campbell, M.D., from the 93rd Foot, to be Surgeon, vice Dempster, appointed to the 17th Light Dragoons.—82nd Foot, Assistant-Surgeon R. C. Anderson, from the Staff, to be Assistant-Surgeon, vice Anderson, appointed to the 10th Light Dragoons.

HOSPITAL STAFF.—To be Assistant-Surgeon to the Forces, Adolphus Collings, M.D., vice Langley, appointed to the 74th Foot; Sandford M'Vitie Lloyd, gent., vice Anderson.

MEDICAL OBITUARY.

On the 28th ult., Richard Burke, Esq., M.D., late of Sackville-street, Piccadilly.

ADVERTISEMENTS.

Just Published, demy 8vo., Price 6s.,

A LETTER TO SIR BENJAMIN BRODIE, Bart., containing a Critical Inquiry into his Lectures on certain Local Nervous Affections. By WILLIAM GOODLAN, Member of the Royal College of Surgeons, of the Royal Medico-Chirurgical Society of London, &c.

London: Longman and Co.; Sowler, Manchester.

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* * * The Summer course of Surgical Lectures will commence on Monday, May 3rd., at 3 P.M.

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DR. KNOX, THE GREAT TEACHER OF ANATOMY IN SCOTLAND.

WE regret to be told, on good authority, that Dr. Knox quits Edinburgh this spring for Australia. The reasons for his departure are unknown. Does this change of life arise from the increased and increasing depression and adversity of this country—the rapid sinking, and unparalleled glut of the medical profession—and the diminished number of entries to the anatomical classes, in consequence of young men shunning a profession, by which not one man in fifty can now get a bare subsistence? In Dr. Knox we shall lose one of the first scientific anatomists and teachers in Europe; and we regret, for the sake of science in Britain, that

“Othello's occupation's gone.”

But we hear that the poverty and difficulty now pressing on this country, the sudden diminution of its resources, are becoming every year so much more manifest and alarming, combined with the paralysing effects of excess in medical competition, that the profession of physic, so far as private practice is concerned, affords little or no prospect to any of its junior followers of a livelihood to be gained by it at home. This conviction, we are assured, on good authority, is so impressed on the minds of the MEDICAL PROFESSORS at Edinburgh, that, discarding the slightest hope of the maintenance and welfare of their sons by physic in Britain, they are sending them to the sheep-pastures of Australia. The eldest son of Professor Munro, Dr. James Munro, has left the army, and is embarking for Australia at this moment to join his brother or brothers! It was always our opinion, that for young men to meet the changes of times, and the difficulties of a very poor, fluctuating, dependant, and uncertain profession at the best of times, formerly as well as now, that the advice given seventy years ago by Professor Rush of Philadelphia, one of the subscribers of the American Declaration of Independence, and a well-known physician of genius, talent, and skill to American students in that day, was marked with the greatest foresight and prudence. He advised them at the close of his lectures to combine agriculture in a new country with physic, because of the difficulty of getting a living by practice alone, the thinness of the population in a new country, the consumption of time by the great distances of the journeys, and other impediments. Agriculture is the national, indispensable, and independent employment of man. A man who has an estate of his own, or can pay his rent, has no master or tyrant but himself or his landlord, and lives cheaply and bountifully *within himself*, as it is called, *on his own produce*, if not getting, not expending much money. But

medical men are not *self-dependent*. In England now, private practice is a wretched and hopeless speculation; the public services, which go by influence and interest in particular channels, are the only inducements to enter the profession. A medical man, who makes now the desperate venture of private practice, has to depend upon a fickle and whimsical public, generally borne down with “the poverty and impossibility” of a rapidly declining country, which has done all it can to cheapen, demoralize, and degrade the medical profession. He is dependent on the mercy of mean, inferior, and knavish rivalry; he is a slave to the bad dispositions, whims, caprices, envy, mistrust, abuse, and, above all, the sordid and calculating avarice, of an immense majority of his employers; for he will find diseased people, in bad circumstances, made more selfish, avaritious, and sour-tempered by pains and morbid sensations, and brutal intolerance of God's punishments. In a few words, the profession is destroyed by the bad passions and numbers of its desperate members, and the quantity of employment is diminished, and is diminishing, from the vastly increasing pressure of the general insolvency and bankruptcy of the country towns and neighbourhoods, and the diminishing resources of the country at large. With the certainty of debt and penury, ruin and stagnation of professions, trades, commerce, and manufactures, and the penury of agriculture, and nothing but the prospect of social misery, as in Rome towards its last days, a profession always so dependent on the few or many, and so revolting in its nature as medicine, in all its details of professional intercourse, is enough to “grate the soul of harmony,” and deprive man of that peace of mind, that equanimity of feeling, and that fair content with his lot, without which human life is a punishment and a curse. We advise young men to save themselves and their little capitals by timely and well-considered emigration, and avoid the ultimate and all but certain disappointment and perdition, which the past and present evil circumstances and prospects of this country must entail upon them AT HOME. America, on account of its climate and manners, is not so much sought as it was, if we may believe the biography of the late Charles Matthews, the comedian, whom we knew, and the recent statement of a British farmer in a pamphlet; but the Australias and New Zealand appear to afford prospects to men of talent, energy, and enterprise,—and we do not see why they should not, after acquiring the profession of physic, make its emoluments doubly sure, by knowing and combining agriculture, the primary and most indispensable employment of man—a sure trade when all fails. Many medical men in the Anglo-Welsh counties are general practitioners and

farmers, particularly in Ross in Herefordshire, as in the case of the late Dr. Lewis, the two Gravelines, Dr. Richard Evans, and others. The profession cannot much longer keep life and soul together, rub and go on, with its present numbers, and under a contracted and insufficient circulation of money, and a crippled and usurious system of currency.

PUBLICOLA.

March 13, 1841.

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

HERNIA (CONTINUED).—TREATMENT OF IRREDUCIBLE HERNIA.—STRANGULATED HERNIA; SYMPTOMS; TREATMENT; OPERATION.—INGUINAL HERNIA.

Treatment of Irreducible Hernia.—When a rupture is rendered *irreducible*, either by increase of the bulk of the parts which are protruded, or by their adhesion to the sac, the patient is exposed to all the inconveniences of a permanent tumour, which probably increases regularly, and to the constant risk of the occurrence of strangulation; hence it is very desirable to convert a hernia from the irreducible to the reducible condition, even if nothing more than that can be done. You may sometimes succeed in effecting the return of a hernia, if it has not been long unreduced, by putting the patient on low diet, exhibiting active aperient medicine, and applying cold to the swelling, so as to diminish the bulk of the protruded parts; and this has been attempted with a view of accomplishing the object, even after the hernia has remained irreducible for a long time. You will of course understand that there is no chance of effecting the return of herniæ which are rendered irreducible by adhesions; but when we cannot understand exactly the nature of the obstacle to reduction, it is right to make an attempt to return the hernia if it has not been long in the irreducible state. In adopting measures of this kind, you must bear in mind the state of health of the individual, and not adopt any measures so powerful or so serious as to run the risk of injuring his health.—It may be a question, whether you would, under any circumstances, think it right to propose an operation for accomplishing the return of the protruded parts in an irreducible hernia, when they cannot be replaced in any other way; whether, supposing the obstacle to depend on adhesions, you would think it right to open the hernia, separate those adhesions, and carry back the parts into the abdomen. Now, all the objections which I mentioned to you as applicable to this proceeding for the radical cure of reducible hernia, are applicable to the operation in this case also. An irreducible rupture is only an inconvenience and a source of risk to the patient, but the operation which you perform immediately endangers his life. As a general rule, therefore, the operation in question is not admissible under such circumstances; though we cannot, perhaps, lay down absolutely that it should never under any circumstances be performed. I remember the instance of a gentleman who had an irreducible omental hernia. As the neck of the sac was constantly kept open by the protruded omentum, he was liable, on any exertion, to have a portion of intestine descend; the intestine was then subject to pressure; at those times great pain was experienced by the patient, who became sick and was obliged to go to bed and remain there till the intestine could be returned, suffering very considerably till this object could be accomplished. Now,

this was a fine young man, just at the active period of life, and he found the inconvenience of this rupture so great that he was resolved to attempt getting rid of it, and, in fact, an operation was performed. It was found to be an adherent omental hernia as was anticipated; the adhesions were separated, and some portion of the omentum was removed. This gentleman nearly lost his life in consequence of the inflammation that supervened after the operation. It is a proceeding, therefore, only to be adopted very cautiously at the urgent request of the patient, and where there is inconvenience of the most serious kind, in consequence of the irreducible state of the rupture; and, indeed, even under such circumstances, it is not to be recommended to the patient, it is only to be performed if he should absolutely require it. Under other circumstances, the patient should content himself by having the tumour supported as much as possible by a suspensory bandage. It does not always happen that a hernia increases to an enormous size, even if no bandage should be worn. I am acquainted with a member of our own profession, who has had a large scrotal hernia for a number of years; it was originally a reducible hernia, but although he could return the parts into the abdomen, so much pain and inconvenience were produced that he could not bear them up, and was obliged to take the truss off and leave the parts to themselves. Thus the hernia remained down, and though he has been employed since that time in a very active life, and been in the habit of riding about in the country with this scrotal hernia, and it has attained a very considerable magnitude, it does not interfere with his occupation. Other instances have sometimes been seen, particularly in females, who have not been willing to mention the existence of a complaint of this kind, where no truss has been worn, and where still the hernia has not enlarged to any great extent, or been attended with any danger.

Strangulated Hernia.—The most dangerous condition of a rupture is that of strangulation, or incarceration, which are synonymous terms; that is, where the protruded parts experience such a degree of pressure from the sides of the opening through which they pass out of the cavity of the abdomen, as not merely to confine them in that situation and prevent their return, but to suspend their functions, to produce inflammation in them, which is propagated to the contents of the abdomen generally, and which in a very short time brings the patient into a condition of great danger. The pressure here, or rather the part which produces the pressure, which confines the protruded viscera, and prevents them from being returned, is technically termed the *stricture*—the contracted portion of the opening; and this stricture either is produced by the sides of the opening through which the viscera are protruded, or that thickened and hardened state of the sac which I described to you in the last lecture. So far as the pressure is concerned, it is immaterial whether it is produced in one or the other of those ways; indeed the effects of strangulation or incarceration are the same whatever its cause may be. The immediate effects produced by the stricture, are on the parts which are surrounded by it; changes are then induced in the protruded viscera below the situation of the stricture, and the effects of the pressure are also propagated in the other direction to the intestine situated above the stricture, and to the other contents of the abdomen. Further, this pressure suspends the functions of the parts that may be protruded; and as those are generally some portion of the alimentary canal, of course a stop is put to the transmission of the alimentary matter. The first or immediate effect of the stricture on the parts which it embraces, is a mechanical impression on them, as if a thread were tied round them; and when they have been subject for a time to the operation of the stricture, the impression remains on them even after they are taken out and put up as a preparation. Here is a preparation of that kind; this is a portion of the intestine and mesentery; the part producing the stricture has been taken away, but you see very plainly the mark or indentation which it has left. Here is an example of a case in which the bowel is very much distended above and below the stricture, and reduced

at the point where it has been girt round by this band, to the size of a large writing-quill. The stricture has been removed, and there is nothing to prevent the parts from resuming their natural situation, but still they remain in that state, appearing, as you see, to be almost cut through.—Now, when you see this considerable mechanical effect produced by the pressure of the stricture on the protruded parts, you will not be surprised at finding, where a portion of the intestine is surrounded by a tight ligature of this kind, that the coats undergo ulceration, which sometimes nearly separates the bowel at the point where it is thus compressed. Generally speaking, however, the ulcerative process will go through the internal mucous membrane and the muscular coat, but will not penetrate the serous coat; the serous coat resists the ulcerative process longest, but in some cases there will be made an opening directly through it. This is a specimen in which there is a bit of straw introduced into the ulcerated opening, and it goes completely into the cavity of the abdomen. Here is another, where the serous coat is completely perforated, so that you see an opening of some size into the abdomen, where the stricture has been situated. This is produced by ulceration in an incarcerated hernia, but it is by no means uncommon to find that the internal and middle coats are ulcerated, the serous membrane remaining entire.—If the protruded parts are thus firmly pressed upon, the circulation through the vessels of the parts below the stricture becomes impeded; the vessels become distended, particularly the veins; the coats of the intestine are thickened, and the veins being filled with dark-coloured blood, the whole is very considerably discoloured; the same kind of effect is produced on the protruded parts as would be produced upon the leg or arm, if you tied a ligature round either of them. There is then an impediment of the circulation, a distention of the vessels, a thickening of the coats, and a livid discoloration is often very considerable; the intestine assumes a deep chocolate-brown colour, or a dark livid tint, hardly distinguishable from black. When you see from the first a portion of bowel which has undergone this change in a case of hernia, you are inclined to imagine that it is mortified; but this is merely an appearance produced by the pressure and the interruption of the circulation.—Further effusion takes place from the surface of the protruded parts. Generally a serous, bloody, reddish-coloured fluid, is poured out into the sac, and we meet with such a fluid when we open it in performing the operation for strangulated hernia. Sometimes there is a considerable quantity of this fluid effused, sometimes a small quantity; sometimes you meet with hardly any at all. Effusion of coagulated lymph may also be produced from the surface of the bowel and omentum. If the pressure is not sufficient to interrupt the circulation, it may have the effect of exciting inflammation; coagulating lymph will then be effused, and thus the protruded bowel or omentum will become agglutinated to the sac. This adhesion, however, is so slight, that you can separate it with your finger, or with the handle of the scalpel; it is a different kind of adhesion from that which takes place between the sac and the other parts, at the end of a considerable length of time. The effects produced in the cavity of the abdomen are those of inflammation, excited in the parts immediately embraced by the stricture, and propagated by continuity along the surface of the serous membrane generally where it produces the ordinary effects of peritoneal inflammation. The functions of the protruded part are arrested, so that if any part of the bowels be protruded the costiveness is produced; in consequence of this circumstance the alimentary canal, above the situation of the stricture, becomes greatly distended. No doubt, secretions take place from the mucous surface of the canal, in consequence of the irritation excited in it by inflammation; and we find, when we come to examine the bodies of persons who die under such circumstances, that the intestine above the stricture is enormously increased in size, and filled with a fluid matter and flatus, while, on the contrary, that part which is below the stricture, is in an equal degree diminished, contracted, and free from inflammation. The in-

terruption of the functions of the bowels and the costiveness are easily explained in cases where the stricture is so considerable as I have just described—where the bowel is firmly embraced, and its sides brought into contact by the stricture; but these symptoms are also observed under other circumstances.—There are some instances of very small herniæ, where only a portion of the diameter of the intestine is included in the stricture, so that there would be a passage still left for the contents of the alimentary canal; yet in those instances there is costiveness, and the functions of the canal are interrupted. There are also instances of strangulated omental herniæ, where no bowel is protruded, and where the consequences are the same as where the hernia consists of intestine. So that the suspension of the functions of the alimentary canal, and the costiveness, are not to be ascribed merely to the mechanical state of the stricture, but to the inflammation of the protruded parts, and in the cavity of the abdomen.—*Symptoms:* From these effects of the stricture, you will easily see what the symptoms must be which are found in a case of strangulated hernia. Costiveness, which does not yield to the exhibition even of the most active aperient medicines. Sickness, either nausea or actual vomiting. And when the strangulation lasts for a considerable time, it appears that the contents of the bowels pass in an unnatural direction; the peristaltic action of the bowels is inverted, and their contents are ejected from the mouth—not simply those of the stomach, but a matter is ejected which is considered to be fecal, and this is called *stercoraceous vomiting*. It is doubtful whether actual feces are ever ejected in this way, but at all events, the contents of the small intestines, consisting of a liquid substance and tinged with bile, are certainly thrown up in the protracted states of strangulated hernia.—There is pain in the swelling; tenderness on pressure first, then considerable pain; this pain is most considerable at the neck of the sac, just where the parts are embraced by the stricture; but gradually extends over the whole abdomen, in consequence of inflammation passing to it from the stricture; distention of the abdomen takes place, and indeed all the symptoms that belong to a case of peritonitis. The abdomen feels firm and tense as well as painful. There is a quick, but at the same time, small and hard pulse, a white and dry tongue, sense of feebleness, coldness of the extremities, and thirst. These are the kinds of symptoms that are observed in cases of strangulated hernia.—Now, all cases of strangulated hernia do not present exactly the same assemblage, or the same degree of symptoms; there is a considerable variety. You sometimes have the symptoms coming on very rapidly, arising quickly to a high pitch, and changes of a very serious nature taking place in the parts within a short time. In other instances, the symptoms come on almost insensibly; they proceed very slowly, and the strangulation exists for a considerable length of time without the occurrence of any serious or marked alteration in the parts. The inflammation, therefore, which occurs in cases of strangulated hernia, may, as in other cases, be either acute or chronic. If a hernia forms suddenly in a young and robust person, from some accidental circumstance, the progress of the case will be very acute; the tumour from its commencement is exceedingly painful; pain and tension come on in the abdomen, and the local changes go on very rapidly; within a few hours the intestine frequently becomes cold, and if it be not liberated, mortification will speedily ensue. In other instances, where a hernia has existed for a considerable time in elderly persons, more particularly if it is a large hernia, the symptoms of strangulation come on very slowly. In the first instance, perhaps, obstruction takes place in the bowels, and gives rise to the state of strangulation of the intestine. The symptoms are rather referable to the obstruction in the passage of the contents of the alimentary canal than to pressure and inflammation excited by it, and several days will go on without their assuming a very formidable character. The pain in the tumour is not very considerable, there is little pain and no tension in the abdomen; and thus at the end of many days, the state of the pa-

tient may be less dangerous than that of another after the expiration of a few hours. I operated on a gentleman in the evening, in whom the hernia had become strangulated in the morning of the same day; he was a young man of full habit; the symptoms were very violent, there was intense pain all over the abdomen; the tumour contained intestine only, which was of so deep a colour, that I think an inexperienced person would have said it was mortified. In the case of acute strangulation, the mischief consists of acute inflammation of the tumour, produced by the pressure of the stricture, immediately over the parts protruded, and spreading over the abdomen. In the case of chronic strangulation, the symptoms are mostly referable to obstruction in the alimentary canal—induced in some measure by the stricture, to a confined state of the bowels, the gradual circulation of their contents, and the inconvenience arising from such accumulation.—*Treatment*: The first object in the treatment of strangulated hernia is, of course, to replace the parts that are pressed upon by the stricture—to return the protruded viscera into the cavity of the abdomen; if you can accomplish this, the danger of the patient is at an end. We naturally try, in the first instance, to return the protruded parts by pressure with the hand; and this process is called in books the operation of the *taxis*. When we perform this, in the case of a hernia which is either strangulated, or on the point of becoming so, we of course place the patient in such a position, and proceed in such a manner, as will give us all possible advantages in respect to the return of the parts. We place the patient in the horizontal position; for the contents of a rupture in a reducible state, will return when the body is in the horizontal position. It is of advantage to have the pelvis a little elevated, and the trunk of the body slightly incurvated, so that the abdominal muscles shall be relaxed; and in those ruptures that pass out at the inguinal canal we relax the muscles of the pelvis, so as to diminish the tension at the opening through which the parts are protruded. Then being at the side of the patient, we embrace the tumour with one hand, and subject it to a general pressure, employing the finger and thumb of the other hand at the neck of the tumour, in order to get the parts into the abdomen. We press the tumour gently, varying the direction of the pressure according to circumstances, bearing in mind in each instance the course which the protruded parts must have taken, and giving our pressure a direction accommodated to the course of the rupture. In doing this, it is necessary to proceed gently, not to grasp the parts violently, nor to push them with considerable force, nor to squeeze them against the bony parts of the parietes through which the protrusion has taken place; for, by so doing, we should add to the mischief, and probably in that way fail to accomplish our object. We should proceed with particular caution where the symptoms of strangulation have actually come on. To say the truth, the return of the parts by the *taxis*, as it is called, is more applicable to that state of a rupture which immediately precedes incarceration, than to the state of incarceration itself. When the parts become inflamed, and the inflammation is spreading to the abdomen, we have little chance of returning them by this pressure; but in the state which exists just before this, we may accomplish the object.—Anything like force, anything like continued efforts after the parts have become inflamed, must, be exceedingly injudicious. No doubt a great deal of mischief is done by attempts of this kind, and by their injudicious repetition, as well as by the repeated trials made by the different persons, when they are called in consultation upon a case of this kind. No good whatever can result by three or four or five persons trying to return the hernia; indeed, the thing is so simple, that whatever can be done in that way can be done by one person; and if he does not succeed (supposing the attempt to be judiciously made), there can be no good object answered by any other person making it. Dessault was so impressed with the prejudicial effects of pressure upon a strangulated hernia, that he entirely prohibited all such attempts in the *Hôtel Dieu*. When, therefore, a person was brought in with strangulated hernia, he confided entirely in

other means; he would not allow any pressure whatever to be made, until the inflammation was completely overcome, and the parts brought into a situation in which they would almost return of themselves. I merely mention this, not with a view that you should abstain altogether from attempts of that kind, but to satisfy you that the prejudicial effects must have been very great to have induced so great a surgeon as Dessault to lay down such a rule. If you cannot gain your object then by the *taxis*, you must endeavour to reduce the inflammation; and if you can accomplish that, there will be little further difficulty; if you can bring the parts which are subject to pressure into a natural state, if you can relieve them from the injurious effects of the stricture, the hernia will be easily reduced.—The first measure that is naturally resorted to in a case of this kind, is the abstraction of blood—venesection; and a patient with strangulated hernia may, in general, be safely bled to some extent. We cannot assert that bleeding is proper in every case; but it is usually a proper measure, and it is to be employed, unless there should be some contra-indicating symptom. The danger of a patient with strangulated hernia is from inflammation; the danger of failure in the operation, if it comes to be performed, is from inflammation, and therefore the loss of blood in the early period of the strangulation cannot be otherwise than beneficial. A rupture is often returned after the patient has been bled, more particularly if the bleeding produces syncope. The warm bath is also a powerful remedy; it should be as warm as the patient can well bear it; you should keep him there for some time, till it produces a state approaching to faintness, and the rupture can often be then returned. The application of cold to the tumour which reduces the bulk of the protruded parts, and diminishes inflammation in them, is also a very proper measure to be employed. It may be used after a person has gone into the warm bath; if this has not been successful, ice may be applied to the tumour, pounded, put into a bladder, and laid upon the parts; or you may employ ice-water at thirty-two degrees; or you may employ, if you have no ice, a freezing mixture made with salt and water. These are, perhaps, the three most important measures: *the loss of blood, the warm bath, and the application of cold to the swelling*.—There is another powerful measure which has been much confided in, and that is the exhibition of tobacco in the form of injection. Sometimes tobacco-smoke has been thrown up by means of an apparatus for that purpose, something like a pair of bellows, with a glyster-pipe at the end of it, and a contrivance for the burning of the tobacco. This, however, is uncertain in its operation; and, therefore, when tobacco is employed now, it is used in the form of injection—a drachm of tobacco to a pint of boiling water; and half that quantity is to be thrown up, and if it does not produce its peculiar effects on the system, which consists in a great diminution of the force of the action of the heart, and general relaxation of the powers of the system—if those effects are not produced within a quarter of an hour or twenty minutes, the other half may be injected. During that state of depressed arterial action, and depressed nervous energy, which tobacco causes when employed in this way, strangulated hernia is often returned. You must be aware, however, that this is a very powerful agent on the system, and that its employment is attended with some degree of risk. Instances have been known, in which the tobacco-injection seemed to have proved fatal, therefore it must be employed with great caution; and, indeed, in consequence of its violence of operation, I think it is now much less frequently employed than the means I have already mentioned. Although there is no doubt that, in many instances, the influence of tobacco on the system has produced the return of the hernia, when the operation seemed almost inevitable.—The costiveness which prevails at the commencement, and throughout the strangulation, has materially led to the exhibition of purgative medicines; but it is obvious that these are not suitable, when strangulation is fully formed. When inflammation within the cavity of the abdomen has taken place, when vomiting is excited by whatever is put into the stomach, when the alimentary

canal above the stricture is distended and filled with liquids and flatus, you cannot expect to benefit a patient by the additional irritation which the exhibition of purgative medicines produces; they are, therefore, only to be used in the very commencement, where you may expect to produce a return of the protruded parts by an active aperient, and more particularly in the case of chronic strangulation. In the case of an old rupture, where the symptoms of strangulation come on slowly, and where there is reason to suppose that obstruction in the alimentary canal is their primary cause, a brisk purgative medicine will sometimes accomplish the purpose we wish.—Under such circumstances calomel and jalap, or calomel and colocynth, are suitable purgatives.

Operation.—In failure of the means that I have now described to you, we must have recourse to the operation. The state of a patient with a strangulated hernia, is one of very urgent and eminent danger. You must employ, therefore, at once, means of an active kind, and when they fail, you must lose no time in resorting to the only mode of relieving the patient that remains—the performance of the operation. There is no case in which inert treatment and injudicious delay are more prejudicial than in that of strangulated hernia. You must, of course, reflect beforehand on the means you may find it necessary to adopt; on this account you should be prepared to employ measures of the most active kind as quickly as possible; and as soon as they have failed to produce the desired effect, then you must lose no more time, but resort to the operation. If active means have failed, you cannot expect that any good will result by waiting to see if any good effect will be produced from their repetition, or from the employment of less active measures; and the state of a patient with strangulated hernia is never stationary—it is always getting worse, therefore the longer you delay the operation, the more is the chance of recovery diminished. A great proportion of the operations for strangulated hernia do well when they are performed early, and a great proportion of them turn out unfavourably when they are delayed. Heretofore it used to be the practice to go through a round of all the means that could be devised for the reduction of strangulated rupture, before proceeding to the operation, and cases of rupture then turned out very badly. It is now the practice, on the contrary, to use active means at once, and when they fail, to proceed immediately to the operation; and there is, proportionately, a favourable change in the results of the operations. For my own part, I should say that I have many times seen the operation performed too late, and that I do not know that it has ever come within my observation to see a case that I should say was operated on too soon.

Inguinal Hernia.—Inguinal hernia, or, as it is technically called, *bubonocoele*, takes place through the opening in the abdomen, which transmits the spermatic chord in the male, and the round ligament in the female. The parts which are protruded in this way form a tumour in the groin, and if that tumour increases, it descends into the scrotum in the male, and into the labium pudendi in the female, in which latter case it is called, in the male, *scrotal hernia*. Inguinal and scrotal hernia, therefore, are so far the same, that a scrotal hernia has been an inguinal hernia originally; it is merely an inguinal hernia extending lower down into the scrotum.—In a case of inguinal hernia, the parts are protruded through the same opening, but they are not protruded in all cases in the same manner. In the majority of instances they pass over the spermatic chord, and along the whole course of the canal, and therefore they take precisely the same course which the spermatic chord does. The spermatic chord goes out of the abdomen, not in a straight but in an oblique direction. It first passes out nearly midway between the anterior superior spine of the ilium, and the symphysis pubis; it then runs obliquely between certain portions of the abdominal muscles, and passes out over the pubis at the ring, in the external oblique muscle. Thus it is directed obliquely from above downwards and forwards; and the greater number of inguinal hernia pursue this course, that is, the parts are first protruded in the

space midway between the bony parts I have just mentioned; they run between the muscles, and then come out of the ring in the external oblique muscle. The neck, or upper part of the sac, is oblique, passing in the same course with the spermatic chord through the inguinal canal, and the hernia, in that case, following precisely the course of the chord, is protruded on the outer side of the epigastric artery, so that this artery is situated on the inner side of the sac. This kind of rupture is called *external inguinal hernia*, the parts being protruded on the outside of the epigastric artery. This is a specimen of a rupture of that kind, and here is the epigastric artery running along the inner edge of the mouth of the sac.—The neck of the sac of a hernia of this kind is just as long as the inguinal canal; for it is the part embraced between the abdominal muscles, and lying in the space that intervenes between the upper and the lower openings of the inguinal canal. That is the state of the parts when the rupture is first formed; but after it has lasted for some time, the gradual weight and pressure of the protruded parts bring the upper part of the hernia in a line with the lower part, so that after a certain time the neck of the sac loses its obliquity, and that which was the neck is nearly at the bottom. As the parts in this case are protruded immediately over the spermatic vessels, they pass between the cremaster muscle and those vessels, and below that covering which the tunica vaginalis gives to the chord and the spermatic vessels. The peritoneal sac, therefore, is covered externally by the cremaster muscle, and by the tunica vaginalis communis. In this form of the rupture then, you have, in addition to the usual coverings, an external and thickened covering, made by the tunica vaginalis communis and the cremaster muscle. Here is a dry preparation showing that; here are the fibres of the cremaster muscle running quite distinctly over the hernial sac; here is the hernial sac; here is the hernia and the testis below; here is the hernial sac laid open within, and these are the external coverings which are derived from the sources I have mentioned.—The hernia comes directly over the spermatic chord, which is thus generally situated at the back of the hernia. In old herniæ, the pressure separates the constituent parts of the chord, and the swelling insinuates itself between them, so that you may have the vessels and nerves on one side, and the vas deferens on the other; here is a specimen of that sort; here is a specimen of another case, where you see all the parts separated in that way; but in a small hernia, the spermatic chord is situated along the middle of the back of the hernia.—This then is the course which the hernia takes in the more common species, which as I have mentioned is called *external inguinal hernia*, in consequence of the contents of the abdomen being protruded outside the epigastric artery. There is another kind of hernia which does not come through the inguinal canal, but is forced directly out through the external ring, on the inner side of the epigastric artery, so that, in this case, the artery is situated on the outside of the hernial sac; this is called an *internal inguinal hernia*. Now, in this case, in which the hernia comes out directly through the external ring, the neck of the sac is not at all oblique, even at the very commencement; the opening is directly and immediately into the cavity of the abdomen, and there is not that long oblique neck which is observed in the case I have just described to you. Hence those two kinds of hernia have been called by Sir Astley Cooper, oblique and direct inguinal hernia. The latter kind is much less frequent than the former. I do not know the exact proportion; some have said in the proportion of one to five; but I rather think the direct inguinal herniæ are not so numerous, perhaps they do not occur more than in the proportion of one to ten, or even fifteen. In this case, the hernial sac is situated on the outside of the spermatic chord, and not covered by the cremaster muscle or tunica vaginalis.—There is another modification of the external or oblique inguinal hernia; you may have the parts protruded at the superior or internal aperture of the inguinal canal forming a tumour, but not coming out at the external ring; there the hernial tumour is contained within the inguinal

canal. But the parts may not only be protruded and confined in that situation, but they may be pressed upon by the margin of the opening through which they have been protruded, and become strangulated. In this variety of the tumour the hernia is generally very small, and covered externally by the aponeurosis of the external oblique muscle, so that the boundaries of it are not very distinctly defined. If such tumours are pressed much, they may pass out of the external ring and become common external inguinal herniæ. This is a specimen of that kind which I showed you before, for the purpose of satisfying you that herniæ may take place without producing an external tumour.—This preparation points out to you the necessity of a cautious examination of all those parts through which herniæ may protrude, in the case of persons labouring under such symptoms as may be produced by strangulated intestine; you must not merely ask a patient whether any tumour exists in such instances, but you must actually feel with your own hand, and press in every situation, in order that no small rupture may in possibility escape your observation. There is another kind of caution also to be observed, rather of a contrary kind to this, in cases of herniæ; that is, you must be aware that inflammation of the bowels or inflammation of the cavity of the abdomen, may take place in a patient who has hernia, and the state of that individual may present to you a puzzling combination of circumstances, in which you find it difficult to determine, whether the hernia is the cause of the symptoms which the patient labours under, or whether the symptoms are not independent of it. You may have affections of that kind occurring in an individual with a rupture, just as it might occur in a person without a rupture; but when such symptoms exist, where you have costiveness and inflammation of the bowels, the first impression on your mind will be, that the rupture is the cause of the symptoms, but it is not necessarily so. In order to determine this point, it is necessary to attend very carefully to the origin and state of the tumour; to see whether the symptoms commenced in it, and extended to the abdomen, or whether they commenced in the abdomen, the tumour remaining free from pain, tension, and the other conditions which belong to strangulation. The state of the tumour when you make the examination, and the point at which the symptoms commenced, are the two circumstances which will probably guide you in determining the point in question in instances of that kind.

THE ANATOMY ACT.

LETTER V.

TO THE RIGHT HON. LORD MELBOURNE.

MY LORD,—In my last letter I solicited your Lordship's attention to the inefficient, and, as I think, illegal conduct of the inspector as the servant of the public, and at the same time I endeavoured to point out to your Lordship that he was acting as a partisan for the benefit and profit of the University College.

I will now, my Lord, draw your attention to further matter connected with this part of my case.

In February, 1836, I applied, through the inspector, to the Home Office, to be allowed to receive a supply of subjects for the purpose of showing to the medical profession the more extended result of my antiseptic process. Up to that date I had only exhibited parts of subjects. Some anatomists were desirous of seeing an entire subject preserved.

The following was Dr. Somerville's reply:—

5, Saville-row, March 10, 1836.

SIR,—Having availed myself of the opportunity which you have afforded me of examining various portions of the human body, preserved by you, some for a period exceeding six weeks, I owe it to you no less than to the medical profession to bear my testimony to the merits of the process by which such decidedly beneficial results have been obtained.

I have been directed by Lord John Russell to afford every facility for the purpose specified in your letter; but as I consider the results of your experiments already decisive, I trust you will not consider it necessary to have recourse to any more extended means of proving it.

(Signed) JAMES C. SOMERVILLE,
Government Inspector of Anatomical Schools.

After the receipt of this letter I had numerous applications from anatomists to preserve an entire subject, which induced me again to apply to Dr. Somerville for a subject. At first he put me off with excuses that subjects were scarce, but after some months delay he refused to allow me a supply; but stated that I might exhibit his letter to any anatomists, as no better proof could be required of the completeness of my invention than had been already afforded. Your Lordship will please to observe that the Home Office directed that I should receive every facility. Above I have shown your Lordship that instead of facility I was met by every obstruction from an officer under the direct control of the Home Office. This fact, my Lord, would seem to show that Dr. Somerville has a master somewhere more authoritative than he at the Home Office, who pays him above £800 per annum.

Here, my Lord, I trace the master's mind by the practice of the servant. My invention is a self-evident proposition. I am as well aware as Dr. Somerville is, that the exhibition of parts of the human body seen by him was conclusive evidence of the completeness of the invention.

But I have to encounter the opposition of a few teachers of anatomy, who are opposed to summer dissection (when it is remembered that between £50,000 and £80,000 is paid annually, in London, by medical pupils in the shape of fees for their instruction, I show the magnitude of the question,) not because summer dissection is not necessary for the interests of pupils in obtaining a greater proficiency of anatomical knowledge, and consequently for the benefit of the public in their future practice; but simply because summer teaching would enable private teachers of anatomy, both in London and in the provincial towns, to obtain a class of anatomical pupils at all seasons of the year, and thereby draw a proportion of the pupils from these monopolizing teachers.

I have already shown the disobedience of the inspector to the order of his legal master, the Home Office. I will now proceed to the object evidenced by his conduct. It must, my Lord, be remembered that I had completed my invention before the inspector had the opportunity to give his deliberate opinion as to its merits, consequently it was impossible for him to undo what he found fully completed; he also knew that I then possessed a large number of certificates, testifying to the importance of my plan for the furtherance of anatomical science, the protection of pupils' lives, and in aid of the legal administration of the Anatomy Act. These were facts too strong to be opposed. The inspector then added his certificate to the number, and personally congratulated me upon the great benefit my process would confer upon science, and the purposes of the Anatomy Act.

I have already shown, my Lord, that I had gone on thus far without the inspector's assistance. I now solicited his aid, by the supply of a subject, for the purpose of preventing any interested opposition being advanced against my not having preserved an entire subject. That application was refused by the inspector; therefore, I show that this officer never gave me any facility, but all the obstruction within his power. It might fairly have been supposed, as the in-

spector was so well aware that my invention would give legal effect to the burial clause of the Anatomy Act (which clause, your Lordship will remember, was in Parliament, by the promoters of the Anatomy Act, treated as one of superlative importance), and that my invention also would have enabled students of anatomy to obtain an increase of information from the supply of subjects at that time obtained. Upon these grounds only it would have been reasonable to suppose that he would have desired to see it brought into operation; but this reasoning, my Lord, under the actual circumstances is fallacious, because the inspector must have known that my invention would break up the monopoly of the dead-body trade in University College.

Now, my Lord, permit me to show you a little more of the finesse of the inspector. I have already shown that he professed to have a friendly interest in my invention. To my great surprise I found that at the very time when he was professing friendship (in Oct., 1836) a printed placard was in circulation, stating that Dr. Somerville and the teachers of anatomy were at that date co-operating together (under the title of the Anatomical Committee) in using their individual interest with parish boards to obtain an increased supply of subjects. If he knew that what the schools of anatomy then obtained were illegally abused, then he was aiding that illegality by increasing the wilful waste of pauper remains.

Had he, my Lord, succeeded in preventing my obtaining subjects, I should have been told at this date that my invention was not proved to be complete—because I had not preserved entire subjects. To obviate the possibility of scepticism, I obtained five subjects, independent of the inspector, in July, 1836, and kept them until the following October, and was thereby enabled, beyond the possibility of doubt, to prove the immense importance of the invention to anatomists, in giving facility for dissection during the long days of the year. I kept the exhibition of the process open for several months, and then obtained further certificates. The following is a copy from one of the most eminent anatomists in London:—

7, New Bond-street, September 24, 1836.

Having on several occasions examined different human bodies, which have been preserved by Mr. Roberts, for various periods of time, I most willingly bear my testimony in favour of this gentleman's discovery. I have dissected portions of bodies preserved by this means for many months previous to my visits; I found them free from the usual offensive smell. The different structures were preserved in their integrity; and the deep-seated muscles, &c., exhibited the colour and firmness peculiar to the flesh of bodies recently dead. The skin, vessels, and nerves, as well as the internal viscera, excited my surprise by the natural and fresh appearance.

From the experience I have had of the effects of this process, I am led to anticipate the best results, whether I consider the health of students or their increased advantages in studying anatomy.

(Signed) GILBERT MACKMURDO,
Senior Lecturer on Anatomy and Physiology
at St. Thomas's Hospital.

My Lord, here I pause, and earnestly entreat your Lordship to reflect that the bodies of the destitute poor are sold, and also made illegally available for the benefit of an institution in which several members of the government are shareholders. When it is taken into consideration that the bodies so disposed of within the walls of University College realize above five hundred per cent. profit, it is not to be wondered at that the joint-stock committee should be desirous of obtaining as large a supply of cheap subjects as possible, regardless of any act of impropriety to attain the object.

My Lord, I below hand you a copy of a note which was put into my hand by a gentleman who is a guardian of the poor of St. Marylebone parish. It appears that the guardians of that parish supplied the inspector with subjects, in 1834, at 2s. 6d. each. No doubt he considered the price so temptingly low that he could not feel satisfied with the number supplied by the orders of the Board of Guardians, but he hoped it might be increased by passing over the Board, and applying to their servant, Mr. Twilley, the master of the workhouse. This is the inspector's note:—

Dr. Somerville regrets that the supply of bodies to the anatomical school still continues so scarce, and will feel obliged by any assistance which it may be in the power of Mr. Twilley to afford him at this moment.

5, Saville-row, Jan. 20, 1834.

Mr. Twilley, my Lord, acted as he ought; he put the inspector's note into the hands of his superiors. My Lord, permit me to ask, what does your Lordship think of such conduct as this, in an officer directly appointed by government?

I have before shown that paupers' bodies are sold to pupils at University College for 4l. 10s. to 4l. 15s. each, which, as no more is paid for the bodies than *two shillings and sixpence* each, affords a tolerable modicum of profit towards dividends for Mr. Warburton and the other shareholders, noble and ignoble.

My Lord, this case alone shows how wide is the margin for an improved price to unions and parish workhouses on the sale of paupers' bodies, and still leave a handsome surplus to be divided among the shareholders in the London University College.

My Lord, I think I have already shown very conclusive evidence of the sort of chicanery with which the Anatomy Act is worked for the benefit and emolument of some of your Lordship's political partisans; and, as my invention would go to the root and destroy the abuses of this pet Act, I conclude it is on that account that I have met with bad faith and want of honour and integrity from your Lordship's government.—I have the honour to remain, my Lord, your most obedient humble servant,

W. ROBERTS.

6, Old Fish-street, Dec. 11, 1840.

CORRESPONDENCE.

UNIVERSITY OF EDINBURGH.
To the Editor of the 'Medical Times.'

SIR,—Allow me to correct a few errors which have crept into your account of the course of study to be pursued in our University, and which appeared in your 74th number, for February 20th, 1841. And first, as regards the courses of clinical medicine and surgery. The winter courses of six months' duration commence in the first week of November, as do all the other classes. The summer course of three months begins on the 2nd or 3rd of May. It is true that pupils sometimes enter to the clinical lectures in the middle of the winter session, and attend during summer, in order to make out a six months' course, but this is not often done. The course of midwifery is a connected one of six months duration, and no one can, on any account, be admitted to three months of it. There are two courses of lectures on botany delivered during the sessional year; the one lasts from the beginning of November to the end of January; the other begins with May, and ends with July: in winter, the lectures are delivered in the College, in the summer, in the Botanical Garden, about two miles from the College. Now, as to residence—it is not necessary for the attainment of the degree in this University to reside in the town more than one session, the other three anni medici being made in any other university; indeed, the senatus *enjoin* but three years of academic study, since they allow a

season's dissection and hospital attendance to count for an annus medicus—no matter what school and hospital the student may have attended, provided the latter contain more than eighty beds. There are three examinations to be passed before graduation: the first, to test the student's knowledge of the Latin language; the books used are Celsus, Gregory, or Cicero de Natura Deorum. The second examination embraces anatomy, theory of medicine, botany, natural history, chemistry: the student may, if prepared, present himself for examination in these subjects at the end of his third year, if not, he may at the end of his fourth year go up for both examinations, the last comprising materia medica, surgery, practice of physic, and midwifery. His thesis must be sent in to the Secretary of the Senatus by the 25th of March, and may be written on any subject he may choose, either in Latin, English, French, or German. It is in his examination, and not in defence of his thesis, that the student's knowledge of his profession is tested. I am about to appear (in May) for all examinations, and expect to be pretty severely handled. Hoping that I may have your good wishes, I remain, Sir, your very obedient servant,

A. S.

A Prospective M.D.

Edinburgh University, March 4th, 1841.

QUACKERY.

To the Editor of the 'Medical Times.'

SIR,—I cannot agree with some of your contributors, who state that it is unnecessary to put down quackery—should it not be checked in Ireland very soon, the lower orders are so ignorant it will lead to awful consequences. The annexed printed copy of a quack advertisement from a person of the name of Hughes, I think you will admit is disgraceful in any country. The fellow commenced his practice on pigs and black cattle.

"Falling Sickness cured.—Mr. Owen Hughes, commonly called in the vicinity of Keady, and Castleblayney, Dr. Hughes, respectively informs his friends and the public, that he is able to cure falling sickness, even if touched with fire or water, if not in delirium, and also any complaint in the stomach, and particularly anything in the way of sour water.—Mr. Hughes can be seen in Keady on Fridays, at John Dobbin's; in Castleblayney, on Wednesdays, at Robert Hagan's; at Nathaniel Hillis's, two miles from Castleblayney, on the Keady road, on Monday's; and at his own house on the remainder of the week.—Carnagh, November 12th, 1838."

I also send you an account of another impostor, who was convicted at the last Clare Assizes.

"Michael Sexton was found guilty of the manslaughter of Barbara Hogan. The prisoner, under pretence of being a doctor, tapped the deceased for dropsy, and this unfortunate patient only lived an hour after the operation! The prisoner was sentenced to be imprisoned for three calendar months, two of which he is to be kept to hard labour."

I am, Sir, your very obedient servant,
VERAX.

Monaghan, March 9th, 1841.

WESTERN EYE DISPENSARY.—We have received the report of this institution, from which we perceive that very considerable benefit has been rendered to the distressed inhabitants of the neighbourhood in which it stands, and that too at a very trifling expense. The committee seem to have administered its slender funds with infinite care and judgment, and thus furnished an interesting proof that great good may be accomplished with very small means. We would suggest, however, to them, or to Mr. Houston, the surgeon, that in the next report of the dispensary, it would be well to give some idea of the diseases of the eye, which are most prevalent in the crowded neighbourhood of St. Giles's. Such information would be interesting, as showing the consequences which result from the peculiarities of that state of society in which those sufferers are found.

TO CORRESPONDENTS.

- X. Y. Z., will find all information he requires in No. 70, in our Notices to Correspondents.
- T. W., An Old Subscriber (Ashton). Ques. 1. A degree in arts will be required (according to the present regulations, there will be no exceptions).—Ques. 2. Surgical practice is necessary.—Ques. 3. Greek is not required by the Army Medical Board.
- A. S., A Prospective M.D.—Thanks for his communication.

THE MEDICAL TIMES.

HOUSE OF COMMONS.

Wednesday, March 17, 1841.

MEDICAL PROFESSION BILL.

Petitions against this Bill were presented from Stroud, Portsmouth, Kent, Bury St. Edmund's, Bletchingly, Spalding, Grantham, Bedford, Brighton, Manchester, from the Royal College of Surgeons, London, from the Isle of Wight, Walsall, Northampton, Wellingborough, Carmarthen, Exeter, Dartmouth, and other places in Devonshire; and in favour of the Bill from the medical faculty of Edinburgh, from Cornwall, Marylebone, Carlisle, from the medical practitioners of Southwark, Westminster, and St. George's parish, Hanover-square.

Mr. HAWES rose to move the second reading of the bill. He said he should be able to show that the plan he was about to propose was one highly calculated to benefit the profession as well as the public. The medical profession complained that there was no general superintending body whose decisions were uniform; and it was notorious that none of the existing bodies had the confidence of the profession. Neither the College of Surgeons, nor the College of Physicians, nor the Apothecaries' Hall, had the public confidence, and it was necessary that Parliament should establish a new general body, with new powers. Sir Charles Bell, Dr. Kydd, and Sir Benjamin Brodie, had given opinions favourable to a reform, and on their opinions, and on the evidence given before the committee, the present bill had been framed. There was no part of this bill that was not supported, more or less, by these and other great authorities. Finding that no one else had given notice to bring in a measure on this subject, he had done so; and he hoped hon. members would permit the second reading, reserving whatever objections they might have to its details to be dealt with in committee.

Mr. EWART seconded the motion.

Mr. DARBY rose to oppose the second reading, and was proceeding to state the grounds of his opposition, when

An Hon. MEMBER suggested the impropriety of going on with such a measure in so thin a house, and moved that the house be counted.

Only 33 members having been found present, the house adjourned at eight o'clock.

It is as we expected. The result of last Wednesday proves that Ministers will not support the "College Faculty" question, and both Wakley

and Warburton well knew it. Not one of the Cabinet was present during the discussion. At the commencement of the debate there were about one hundred Members present. The Bill was most tamely introduced and supported for a short time by most indifferent speeches, until those who would have remained to have opposed the Bill, had it been strongly supported, seeing that Ministers, by their absence, would not back it, and that there was no party to fight against, began gradually to withdraw; this continued on both sides of the House, more or less, until an Honourable Member proposed that "the House should be counted," when only thirty-three Members were present, the House was adjourned, and the subject dropped to the ground.

Neither Mr. Wakley nor Mr. Warburton opened their lips in the form of a speech—the latter Honourable, most Honourable Gentleman appeared to be busy taking notes the whole of the time, but about what we could not possibly conceive, as there was scarcely a single observation worthy of being committed to paper, but for custom sake we have given a report of the proceedings. Surely Wakley and Warburton must be quietly laughing in their sleeves at poor Hawes' dilemma, and the gullibility of the Medical Profession.

It is sufficient to say, that Mr. Wakley has mounted the ladder which he now cares naught about kicking down, and Mr. Warburton as a monopolist, and consequently a conservative at heart, would, for the sake of his own institution, prefer things to remain as they are in preference to risking any material change, and "letting well alone." The petitions in favour of Medical Reform were dreadfully huddled together, and thrown upon the table, regularly burked, whilst those against it were presented separately, and consequently told.

We would wish to ask Mr. Hawes what became of the petitions intrusted to him and signed by the inhabitants of Lambeth; another by the inhabitants of St. Paul, Covent Garden; another by the inhabitants of St. Pancras; another by the inhabitants of St. Clement's Danes; and another by the inhabitants of St. Margaret's and St. John's, Westminster? They, together with others, were not named, consequently not reported.

We trust that this will prove sufficient to awaken the medical profession to the one faculty humbug. They might just, as things at present stand, attempt to erase from the ground the House of Commons with a toothpick, as to destroy the medical corporations—we are convinced of this from having personally witnessed the gusto of the House. What the members of the profession should do, is to strenuously and unremittingly petition government to introduce soon this session a Reform Bill of their own, reforming the medical corporations by bestowing to all the members the elective franchise regarding constitution of the governing bodies.

This is the only step that can be effectually taken. We are at present as far or farther from reform than ever, or reform is from us, and the only way to effect it is to unremittingly petition—if this is not done, a short after-farce will finish the proceedings of Messrs. Wakley, Warburton, and Co. this session.

By-the-by how is it that Mr. Wakley has

the audacity to continue the introduction into his journal of got up reports of proceedings of the British Medical Association—when he knows that the said Association is all but annihilated in consequence of the tyrannous conduct of his clique, Messrs. Webster, Hall, and Co., towards the members, excluding them from the councils, and many from their public meetings, by not sending the ordinary notices?—More respecting this hereafter.

THE USE OF HYDRIODATE OF POTASS IN TYPHUS.

By Dr. Morrison, Physician to the Newry Fever Hospital.

THERE is a condition in typhus fever which I shall endeavour briefly to describe, and which I think is very materially benefited by a medicine, that I believe has not hitherto been administered in any of the forms of that disease. The condition to which I allude, is marked by a dry, parched, brown or black tongue—by dark sordes on the teeth and gums—by an inclination to dark, foetid discharges from the bowels—by a weak and compressible pulse—and by a tendency to the effusion of blood under the skin—in fact, by the ordinary signs of depraved secretions, of vitiated fluids, and of debility.

I think that all parties will agree that derangement of the secreting and excreting functions takes place, as well as an alteration in the vital properties of the blood, in the course of every ordinary case of typhus fever. The dry, glazed, brown, or black tongue—the dark sordes about the lips and teeth—the foetid and dark-coloured evacuations from the bowels and kidneys—the dryness of the surface of the body—together with the dark colour, and deficient coagulating power of the blood, and the great liability to livid petechiæ and vibices, &c., will I think fully prove that position. In fact, I want to make it appear, that at a certain period of every regular case of typhus, the body is labouring under a condition, which is probably best expressed by the word cachetic. Now, if this be conceded, it will, I have no doubt, greatly assist me in procuring for the hydriodate of potass a favourable introduction.

Its effects are now very well known to be almost miraculous in many cachetic diseases; and I believe I might almost hazard the appellation of acute cachexy to low idiopathic typhus.

All the secretions seem greatly improved by it—the tongue is greatly and speedily improved by it—the whole frame seems to recover vigour from its use. Whether its primary action is on the blood, I will not venture to say; but I cannot suppose that the benefit which is derived from its exhibition arises solely from its supplying saline particles to that fluid. Dr. Stevens, as is well known, says that the blood is deficient in its saline ingredients, after a certain period has arrived, in cases of typhus fever; and that small and repeated doses of neutral salts are admirably calculated to remedy this deficiency, and by this means to cure the disease. However, as I have just said, I cannot think that the salutary effects of the remedy in question are produced merely from its supplying the blood with saline particles. Probably its action, like that of mercury, is chiefly directed to the capillary system, and if it be found, like that mineral, to act in an especial manner on the secreting and excreting systems, but unlike mercury, to give tone and vigour, its use in the latter stages of low fever will be sufficiently obvious.

The dose which I have been in the habit of administering, is three grains every four or five hours, dissolved in a little water. Of course it may be given with wine, camphor, &c.—*Braithwaite's Retrospect of Pract. Med. and Surg.*

THE CONFESSIONS OF JASPER BUDDLE,
DISSECTING-ROOM PORTER.CHAPTER XVIII.—MR. WHIPPLES STUDIES
MYOLOGY. THE LAST NIGHT IN ENGLAND.

(Continued from p. 272.)

It was not long before Swubs arrived, and the trio being formed, pipes were lighted, grog brewed, and divers yarns of adventures in the country that never happened were related by them in turn, until they all began to talk at once, each impressed with the idea that the other two were attentively listening to his recital. Okes was narrating an adventure he had when he was an apprentice with some very fine girl, who was one of his governor's patients. Swubs was minutely recounting the particulars of a row he got into at Epsom races, which place of public diversion he had visited on the top of a ginger-beer cart, where he fought four thimble-riggers at once, and slept all night in the Warren, in consequence of being too much overcome by beer and poverty to get back to town; and Whipples was indulging in an extraordinarily interesting account of some partridges in a furze field, who flew over towards a copse, but came back again the next morning; and at the same time he illustrated the respective localities connected with the event by drawing plans on the table in gin-and-water with the tip of his finger. When the various narratives had concluded, Swubs proceeded to indulge them with the exhibition of various deep problems and deceptions with short bits of tobacco-pipe; and then Okes favoured his friends with a song, composed of various ingenious speculations on the respective comforts enjoyed by the Pope and the Sultan, and which concluded by his stating he would sooner be what he was than either of them. Mr. Swubs applauded the performance very enthusiastically by rattling the poker between the bars of the fireplace; and Whipples, whose excitement was gradually yielding to inaction, got sentimental at the last verse, and contented himself with marking the time in graceful measure, using his pipe for that purpose, whilst he threw a fixed glance of mingled interest and amiable feeling at a small crumb which lay on the table.

At length, when they had come to the end of the gin-and-water—when they had smoked out all the tobacco that was left in the sugar-basin, and told all their stories over again for the second time, they rose to depart; Swubs bidding an affectionate farewell to everything in the room, and observing to Okes "what rummy larks they should have before they saw the old crib again." The landlady was called up by a summons over the staircase, for the bell-pull had disappeared in times of the most remote antiquity, and the keys being delivered to her, with strict injunctions to forward all letters and parcels that might arrive in their absence to Mr. Whipples, our three friends were again on the move, clattering noisily down stairs, sliding down the bannisters of the last flight—a species of descent much in vogue with the frequenters of the house, and by which the top-rail had been worn as smooth as polished mahogany, and the mat at the bottom of the stairs lacerated in several places, by receiving the first shock of their heels when they landed in the passage.

It was agreed that an opportunity should be afforded of giving Mr. Whipples a little more myological instruction, in the shape of the sparring at the Westminster baths, and this would occupy some three or four hours of the night before them. In that direction they accordingly bent their steps, beguiling the way, as usual, by a variety of amusing conceptions, in the style of running behind coaches, asking

policemen if they were at Waterloo, and where they bought their oilskin capes, because they should like some similar, with other pleasant outpourings of great minds giving way to light relaxation from the graver duties of the sick wards and dissecting-room.

"Shelp me Got, I should like to looshe a little monish vid yer," said a son of Israel, who dealt in second-hand clothes, as they passed his magazine.

Swubs immediately offered to part with the lining of his hat upon very advantageous terms.

"I'll be happy to wait upon you at home," said the salesman. "Have you any clothes to part with?"

"Lots," answered Swubs; "when can you come, old fireworks?"

"Any vensh," was the reply.

"Very well," said Swubs, you may call upon me to-morrow morning about nine, and here's my address," whereupon he wrote down the name and residence of Mr. Piddy, who, my readers may remember, was one of the *potterers* that opposed the dinner at the Medical Society. The party proceeded, and in two minutes were accosted by another barker at the door of a similar establishment.

"Anythings to shell?" said the man.

"Do you want to buy a shirt?" inquired Okes.

"I should think you did," retorted the Israelite briskly—he had probably been accustomed to the same question.

"You've got it now, however," said Swubs, laughing; "that's a regular sell, and I'd advise you not to try and barge the peoplesh any more."

At the toll of Waterloo Bridge they stopped for a few seconds to hold a little converse with the pikeman, offering to toss him whether they should pay twopence or nothing apiece to go over. This was refused rather surlily by the man; whereupon Swubs asked him what he charged for people to drown themselves from the bridge, and if it was more expensive to try hanging by way of variety? And Okes inquired if he had seen a gentleman go over that evening in a black coat and Berlin gloves, with a cotton handkerchief in his side pocket; because if he had he wished his compliments to be given to him when he came back again. After a few more remarks upon the flourishing state of the bridge funds, and the conviction that the turnpikeman must sometimes be much confused by the rush of people anxious to cross, our friends pushed through the turnstile, Okes, who was last, spinning round the barrier as he passed with a force that sent it turning and clicking for the next two minutes, to the great anger of the toll-taker, whom the constant turning of the gate before his eyes had rendered bilious and irritable.

The party proceeded through a pleasant and highly respected populated neighbourhood, until they arrived at the door of the Westminster baths, where a crowd collected in the footway, showed that something was going on of high interest and excitement. The prices of admission varied according to the accommodation afforded, and it may be readily conjectured which sum our heroes laid down; of course it was the lowest. They took their checks, passed along the passage, and found themselves in the arena.

It was certainly a very extraordinary scene. The water had been drained off from the baths, and the floor, which was now quite dry, afforded standing-room for some five or six hundred spectators, whilst a stage was erected in the centre, surrounded by ropes, and approachable from the top of the dressing-boxes by a light platform. The front of the boxes themselves

was guarded by a barrier of planks, and appropriated to those who paid two shillings, whilst the roofs of these little closets formed the reserved seats for a certain number of the visitors, amongst whom several "Corinthians" had taken their places. A dense atmosphere of bad tobacco smoke, so thick as to render the other end of the building indistinct, pervaded the whole area, for every other person had a cigar in their mouths. Rows of flaring gas-lights illuminated the multitude, and a band of music, whose noise certainly had the advantage over its harmony, was performing all sorts of extraordinary compositions between the acts of the sparring.

"The noble science of self-defence," as fighting is termed, is all very well in its way—the more so, as a knowledge of it often enables us to put down bullying-strength and size-confident insolence—at all events it renders us more competent to take our own parts if annoyed. But beyond that it has little value—on the contrary, it teems with mischievous, if not criminal, associations. I cannot conceive how on earth the term "manly" can be applied to a contest, where two men, in perfectly cold blood, stand up to inflict the most desperate injuries on each other; and a concussion of the brain, a rupture of an artery, or the splitting and laceration of the *alæ nasi*, are received with shouts of triumph worthy only of the days when the iron laden *cestus* dealt mortality around it in the blood-saturated arena of the Roman and Grecian amphitheatres. That the use of the knife has succeeded to the fist, I stoutly deny; on the contrary, some years back, when boxing was more prevalent, the knife was just as much in use, if not more so than at present, by those who, knowing little of the science, trusted to it as their only means of self-defence.* Give us back the days when the quarter-staff rang its blows through the counties of "merrie England" if you like, and a smart rap on the arm, incapacitated the combatant, without his being laid up for a month under the combined pleasantries of leeches, cupping, or the lancet; but let us banish the "trial by battle" as we at present hold it, unless the harmless injuries of the gloves be considered sufficient.

"Shaw—and—Hanley," bawled out a man in shirt sleeves, who followed two of the modern *athletæ* into the platform, designating each of them by his forefinger, as he called their names.

"The little man is the best hand, for a pot," said Swubs, pointing to Shaw.

"Very well," said Okes, "I'll back the gentleman in the amble jacks."

The combatants commenced a series of very droll attitudes, pretending to hit and not doing it, jumping about like harlequins, and bobbing up and down to avoid blows, until Whipples thought they must have been very tired in deed. At last, after a sharp skirmish, Hanley fell, whereupon loud applause arose from the friends of Shaw. The man in the shirt sleeves was very active, and leaping over the ropes raised the vanquished boxer, amidst a shower of coppers, lavishly poured upon the stage by the spectators.

"I'll trouble you for fivepence," said Swubs to Okes.

* Some time ago, during the "palmy" state of the Prize Ring, a gentleman of our school was grossly insulted in a tavern by a prize-fighter. These men are proverbially quiet and extremely well conducted in public, but this was an exception. The gentleman in question was enjoying his "go" of brandy, "not with" in a box by himself, when the person alluded to walked quietly to the table, and taking his glass from before him, drank off the liquor to his health. The student who recognised the fellow, and was aware of his total inability to cope with him, took up a knife that was lying on the table and said, "I know you, you are —, the prize-fighter. It would be madness in me to attempt to thrash you, but I swear by G—, if you molest me again, I will send this knife into your ribs." The ruffian premeditated a whole skin to having his plebeian opened, and slunk out of the room. It's needless to add that the great was an empty one, but it had the desired effect.—Jasper Buddle.

"Here's sixpence, and give me a penny," replied his companion. "Now see me hit Shirtsleeves with the odd copper," and suiting the action to the word, he pitched the penny-piece at the "lord of misrule" with an aim that made him wince as it struck him.

Part of the band here struck up "Jolly Nose," which would have been very amusing, only the other part was playing one of Strauss's waltzes; and a little boy in an apron kept up a very noisy vocal accompaniment, by rushing wildly amongst the mob in the arena, and vociferating loudly, "Orders, gentlemen!" Mr. Okes ordered a bottle of stout, and then he and his companions walked to the other end of the bath, in order that the small boy might not find them when he brought it.

"Davis—and—Alick Reed," bawled shirtsleeves, as two more champions marched into the platform. The former of these worthies was a tall negro, and the latter, as one of the aristocracy and tried members of the P. R., wore a Jersey, whose web however did not conceal the action of his biceps and pectoralis major from being finely developed.

"I should like to have a superior extremity, like his, to make an injected preparation of," said Whipples.

"I'd sooner have a consumptive subject," said Okes. "You cannot have a limb too much attenuated to make a dry dissection. The arteries are always thrown out much finer in them."

ROCKET.

(To be continued.)

ON COMPOUND DEPRESSED FRACTURE OF THE CRANIUM.

[From the 'Dublin Medical Press.']

GENTLEMEN,—I am induced to bring under the notice of the readers of your Journal the subject of compound depressed fracture of the skull, from a recollection of the perplexity which I have myself experienced in the treatment of this accident, and from a consciousness of its vast importance. Notwithstanding that injuries of this kind are of frequent occurrence, and most dangerous character, the utmost diversity of opinion prevails as to their treatment—some of the highest authorities in the profession decrying, in the strongest terms, a practice which others equally high as strongly recommend; and if the young surgeon rely on the record of cases in books, he will, in all probability, be misled, as too great a disposition prevails to record successful operations; they alone figure off in the columns of our medical periodicals, and thus become false lights that too frequently allure us into a rash and dangerous field of practice; whilst the unsuccessful ones that should serve as beacons to point out the dangers of surgery, are confined to the accommodating memory of the practitioner, or the never-read pages of his note-book.

In a medico-legal, as well as practical point of view, this subject is one of great interest; for the discrepancy of opinion which prevails upon it has often exposed medical men to unmerited censure in courts of justice—subjected the profession to the ridicule of the public, and converted into an axiom the old adage that "doctors differ." Let us take, for example, what is by no means an imaginary case. A clever, intelligent, and well-educated surgeon is brought up at an assizes as a witness in a case of homicide, resulting from compound fracture of the skull. He deposes that the injury was the cause of death—the prisoner's council cross-examines him as to the treatment which he adopted—he says that he has used the trephine, or Hey's saw, as the case may be; and he is then told by a bullying barrister, (no

rara avis, at least on the Munster circuit,) that his practice has been barbarous—that Mr. Abernethy condemns it—that the witness has used a murderous weapon; and that he, and not the accused, should stand at the bar of justice. At a subsequent assizes, a similar case is to be tried—the medical witness is an antitrephiner—he deposes that he has bled, has leeches, and mercurialized his patient, but he has not raised the depressed bone. The prisoner's counsel is an ardent advocate, who, in his zeal for his client, would not spare *even royalty itself*, and with whom a *country doctor or a country magistrate* appears an equally good, though, it may not be, equally safe object for attack; and he, before a crowded court, declares that the practice of the surgeon has been inert and inefficient—that Sir Astley Cooper recommends the use of the trephine in such cases—and that its non-employment has cost the deceased his life.

When such deservedly eminent men as Abernethy, Crampton, Cooper, Brodie, &c., differ widely on a material point of practice, it becomes the duty of every practitioner to lay before the profession the result of his treatment of compound depressed fractures, as it is only by the faithful and frequent recording of facts, that data for generalization can be obtained. By this view alone, I am influenced in giving a brief history of some of the cases of this kind, which a residence of twelve years among a people, *hitherto* remarkable for their whiskey drinking, and consequently, for smashing propensities, has afforded me an opportunity of witnessing.

CASE 1.—James M'Kennedy, æt. seven years, was brought to me on the eighth of December, 1828. He had a few hours before received a kick from a horse in the forehead, which extensively fractured the os frontis, depressed a large piece of it, and inflicted a crescent-shaped wound in the scalp; some cerebral matter escaped through the chink in the bone. The child was taken up senseless—had violent convulsions for about an hour, but had recovered his sensibility before I saw him. In accordance with the principles of practice which I have laid down for myself, from a perusal of Sir Astley Cooper's lectures, I applied the trephine where the piece was bound down at each angle, and removed the overlapping portion of the frontal bone, with Hey's saw, and succeeded, without any difficulty, in removing the broken fragment. The dura mater was ascertained to be ruptured, as was to be expected from the previous discharge of brain. The edges of the scalp wound were brought together, for the purpose of bringing about union by the first intention—the head was shaved—cold lotions applied—and the administration of mercury immediately commenced. The boy went on very well for a few days, until a small pulsating tumour appeared between the lips of the wound. This increased to an enormous hernia cerebri, from which large quantities of putrid brain-like matter were every day removed on the dressings. By persevering in the use of adhesive straps, secured by the scaphoid bandage, the tumour was ultimately repressed—granulations sprung up on its surface, which united with those on the under surface of the scalp, and in about eight weeks, the wound was healed. No effort has been made by Nature to repair the loss of bone, and the pulsations of the brain are quite distinct at the seat of injury, but the boy is at present in the enjoyment of excellent health.

CASE 2.—On the first of October, 1832, I was sent for to see J. Collins, æt. 14 years, who, on the day before, was thrown from a horse against a projecting stone—the scalp was much lacerated, and the left parietal bone fractured and depressed. He lay in a state of complete insensibility—had stertorous breathing—dilated pupils, and a slow labouring pulse. I immediately applied the trephine, and removed the fractured portions, together with a considerable quantity of blood and medullary matter, that pressed upon the dura mater; on the removal of which, this membrane

became at once elevated. My patient was at once rendered sensible to the painful impression made by the needle with which I was sewing up the wound—looked at me attentively, and inquired what I was doing; he was directed to be treated in the same way as the subject of case No. 1; but my advice was not attended to. On the sixth day, hernia of the brain set in, and on the 21st from the date of the operation, my patient died.

CASE 3.—Mary Donovan, aged 6 years, was brought to me on 20th of July, 1838, in a short time after receiving a kick from a horse, which extensively lacerated the scalp, and depressed a circular piece of the right parietal bone. She was at first insensible, but soon recovered her consciousness, although she was completely deprived of the use of speech, and was paralysed of the left arm. Particles of brain were spattered on the external wound. I told the child's mother that her life would be in less danger by not attempting to raise the bone; but that if allowed to remain depressed, that the paralytic symptoms would continue. She preferred the operation, and I performed it (as the depressed fragment was overlapped but at one point) by means of Hey's saw, and the elevator.—The dura mater, as I anticipated, was found to be ruptured; immediately after the operation, my patient appeared to regain some power over the arm, and could speak one or two monosyllables. The same treatment was adopted with her as in case No. 1. On the 4th day, hernia cerebri appeared—pressure could not restrain its growth—the protruded portion became sloughy—the paralytic affection increased, and extended to the lower extremity; and on the fifteenth day from the operation, the little sufferer died.

CASE 4.—Jerry Sullivan, aged 50, received a blow of a stone on the night of the 1st of January, 1840, near the coronal suture, on the left side—a small wound marked the seat of injury. Through this, I introduced the tip of my little finger, and felt the edge of the same bone sharp, and at the bottom discovered a depressed piece of bone. The man appeared to retain his mental faculties, and had full power over all the voluntary muscles, with the exception of those of the tongue, which were paralysed. He was unable to speak, and deglutition was difficult—his pulse was not more than forty in the minute. As these were symptoms of compression, I enlarged the original wound—made another at right angles to it, and dissected up the flaps. As there was no possibility of elevating the depressed fragment without the trephine, that instrument was applied, and, by means of it, two pieces of fractured bone removed. A small quantity of clotted blood was found in one spot, and around this the dura mater adhered to the cranium and was healthy in appearance. No particular change was effected in the symptoms by the operation. The patient continued in much the same state for some days, when the wound began to assume an angry and unhealthy appearance, and discharged an acrid sanious fluid. The adhesions which at first formed gave way—the dura mater became black and sloughy—high irritative fever set in—and my patient sank on the 16th day from the operation.—*Dissection*: A fracture unattended with depression, extended a considerable way through the inferior anterior part of the parietal bone, and through the squamous portion of the temporal. The dura mater, in the neighbourhood of the wound, was gangrenous, and detached from the bone, around for some distance, and sinuses, filled with purulent matter, extended in different directions, between this tunic and the cranium. The brain beneath this sloughy membrane was softened and disorganised, but everywhere else healthy in appearance, except that its meninges were more vascular than natural, and a small quantity of blood was effused at the base.

CASE 5.—James Barnane received a blow of a hatchet in the year 1832, which extensively fractured his skull—the depressed bone was removed by my predecessor, Dr. M'Carthy, and my present assistant, Mr. Crawly. Hernia cerebri occurred, but was cured by means of pressure. The pulsations of the brain are now quite distinct at the cicatrix; and after the lapse of nine years, I am frequently called on to attend him for fits of epi-

lepsy, to which he has ever since been subject when under the influence of drink or any excitement.

CASE 6.—John Grenigh, aged 15, was brought to me on the first of March, 1829, wounded from the kick of a horse, in the same manner as James M'Kennedy, whose case is first detailed—the scalp was cut—a single piece of bone driven in on the dura mater, and a small quantity of brain forced out through the fissure. When I saw him he did not labour under symptoms of compression; but it was, nevertheless, a case which, according to the opinions of some, would require the use of the trephine. Fortunately for the heads of my future patients, I had lent my trephining instruments, and rested satisfied with bringing the lips of the wound together, and securing them with sutures. Next day, I did not wish to disturb the union that had taken place, and merely continued light dressings. His head was shaved—cold lotions applied—he was twice bled, and got calomel to slight salivation. In about a month he was quite recovered, without having had a serious symptom. No hernia cerebri occurred—no exfoliation of bone took place. The fractured piece still remains depressed. I have seen the subject of this case within the last twelve months, and he does not complain of headache, or any other unpleasant consequence.

CASE 7.—Mary Hurly, aged 15, received, accidentally, a blow from an iron bowl in August, 1830, which lacerated the scalp, and depressed a semi-circular piece of the anterior part of the right parietal, and a corresponding piece of the frontal bone. She was treated in the same way as John Grenigh. She was well in about a month; no exfoliation of bone took place. I have seen her within the last twelve months; her mental faculties are perfect, and she never suffers from headache.

CASE 8.—Mrs. Hayes, aged 54, was placed under my care on the 20th of September, 1838, after receiving on the night before, a blow from a stone over the right superciliary ridge. A portion of the os frontis, about an inch in circumference, was punched out of the bone, and driven in on the dura mater; it was firmly fixed in its position, and could not be removed without the aid of the trephine. As there were no symptoms of compression, I did not resort to the operation, but treated her in the same manner as John Grenigh, with the exception of dispensing with bleeding, as she was a weak and infirm woman—the fractured portions exfoliated—the wound cicatrized in about two months—the pulsations of the brain are not perceptible at the cicatrix, and she is now in good health.

CASE 9.—Paddy Cowhig, aged 12, received a kick from a horse on the 11th of June, 1839. A large piece of the os frontis on the left side, corresponding to the inner edge of the animal's shoe, was depressed, and the scalp wounded. A small quantity of brain was forced out through the fracture. He was treated in the same way as John Grenigh—was well in three weeks, and is now in the full enjoyment of his mental and corporeal functions.

CASE 10.—Danial Shea got a fall from a cliff in May, 1838, and was placed under my care in the following August. A large fungous, composed of disorganised cerebral matter, and coagulated blood, occupied the left side of the head; a bony margin was discernible around it, and, on examination, it was found to spring up through a vacancy in the cranium; a fistulous opening existed in the centre of it, through which a foetid discharge continually oozed. On passing a probe through this opening a foreign body was discovered, and, on cutting down through the tumour, I succeeded in extracting a piece of bone nearly an inch in length. Under the use of pressure the hernia gradually subsided, and the man is now perfectly well.

I could enumerate, at least, twenty cases of compound depressed fracture of the cranial bones, unattended, in the commencement, by symptoms of compression, that I have treated within the last twelve years without operation; one of which only proved fatal; and death in

that case was, I think, owing to unavoidable neglect, as during my absence at an assizes, my patient got meningeal inflammation of which he died; whilst, it will be observed, that in the five cases that were operated on, three died. The two that recovered had hernia cerebri, and one of them is, since the operation, subject to epilepsy. The advocates for skull-boring will, perhaps, attribute this unfavourable result to want of dexterity in the operator, and not to the dangerous nature of the operation itself. I can only say that the instrument was employed by me with all due care and caution—that the pieces of bone were removed with facility—and in two instances, in the presence of other medical men, who expressed their approbation of the manner in which the operation was performed.

The favourers of the trephine may also say that these cases form no valid objection against this instrument, as they were selected for operation in consequence of being attended with more formidable symptoms than existed in these cases, where the operation was omitted. All that is true, but let us consider the frequency of hernia cerebri in the former class; let us, for instance, contrast cases 1, 2, and 3, with Nos. 6 and 9, in all these the skulls were nearly similarly fractured, the dura mater in each torn, and the brains wounded; in these where the trephine was used, protrusion of the brain took place, whilst the others recovered without any affection of the kind.

The cerebrum being a soft dilatable mass, will yield in whatever direction it meets with least resistance; and when the fractured bone is removed, in cases where the dura mater has been wounded, the violent impulse communicated to the brain by the current of blood sent to it, will cause this organ to protrude in the form of a hernia, if the broken fragment were allowed to remain in its new situation; if not by the violence of the injury entirely deprived of vitality, it would form a union with the circumjacent bone, and even if the process of exfoliation should set in after a time, no hernia cerebri would occur, as adhesions would be formed between the pia and dura mater, and the latter tunic and external parts.

The dangerous nature of hernia of the brain, is proved by the assertion of Baron Larrey, that he has seen but one case of it recover, and the frequency of its occurrence is established by Mr. Laurence, who states, that he has seen it in almost every case in hospital, in which the trephine was employed.

Inflammation and sloughing of the dura mater, (an instance of which is given at case No. 4,) must of necessity frequently follow the use of the trephine, as the close connexion that exists between the calvarium and this membrane, must expose the latter to considerable violence, in removing a portion of the bone even in the best performed operations, whilst its supply of blood must be in a great degree cut off, and a disposition to gangrene created by the destruction of the free inosculature that exists between its vessels and those of the pericranium, a disposition still further increased by the manner in which the brain forces up, and constricts the membrane against the sharp edge of the bone.

Nor are the dangers and disadvantages of trephining confined to those I have enumerated; the operation will leave the brain unsupported at the seat of injury, and this in itself may produce serious consequences. Epilepsy and other affections generally dependant on compression, are occasionally produced by the opposite state, viz., where there is a want of support, as convulsions, which are as frequently induced by having an insufficient supply of blood sent to the brain, as where

there is increased vascularity in this organ. A certain train of symptoms mark the disturbance of the cerebral functions, whether that disturbance proceed from compression or the opposite state, want of support, or a want of sufficient tensility and fulness in the vessels.

The epilepsy, in case 5, and in a similar case after trephining, recorded in the reports of the Pennsylvania hospital, proceeds in my opinion from want of support for the cerebrum and consequent disturbance of the circulation through this viscus; and to the same cause resulting from an open state of the Fontanelle, I am inclined to attribute the frequency of convulsions in infancy. The life of the patient is also exposed to constant danger, from having the brain deprived of its bony protection, which subjects this organ to the risk of injury from external agents, and violent exertions, as is well exemplified by a case recorded in the *Edinburgh Medical Essays*, of a child who had been trephined, and who, in a violent fit of whooping-cough, burst the cicatrix, which led to a protrusion of the brain, and consequent death of the patient.

To compensate for all these dangers, the advantages resulting from the operation of trephining should be very great, and yet, the only one put forward by the late Sir Astley Cooper, a zealous advocate for the operation, is that it diminishes the risk of secondary inflammation and suppuration. Notwithstanding the deference that I am inclined to pay to any opinion coming from so high an authority, I cannot think that this object would be attained. The admission of the atmospheric air to the subcutaneous parts, is what renders compound more dangerous than simple fractures; and the membranes of the brain would, in my opinion, be more exposed to its injurious influence by the removal of bone by the trephine; but admitting that symptoms of compression or suppuration should set in even at a considerable period of time after the injury, the chance of recovery from trephining will not be less than if the operation was resorted to immediately on the receipt of the wound, as the following list of 80 cases differently treated, and taken indiscriminately from different works, will prove.*

Cases in which the trephine was not employed, 26; recovered, 22; died, 4.

Cases in which the trephine was used immediately after the receipt of the injury, 32; recovered, 15; died, 17.

Cases in which the instrument was not employed until after symptoms of compression or suppuration set in, 22; recovered, 17; died, 5.

I do not wish it to be supposed that I am an advocate for not interfering in any case of compound depressed fracture of the skull, where coma or paralysis exists from the commencement, or where the bone is so shattered, as to be easily picked away. I would consider it my duty in the former case to apply the trephine, or in the latter, to remove the fragments with a forceps, but where no symptoms of compression existed, were I to operate, and that a fatal issue followed, I would consider myself accessory to the death of my patient.

DANIEL DONOVAN, M.D.

Bridgetown, Skibbereen, Feb. 27, 1841.

ARMY.—5th Regiment of Foot, George Sedingham, M.D., to be Assistant-Surgeon, vice M'Bean, appointed to the Staff.—42nd Foot, Assistant-Surgeon, James M'Gregor, from the Staff, to be Assistant-Surgeon, vice Dr. M'Gregor, promoted.

* The 80 cases are selected from the Medical Press; Medico-Chirurgical Review; Edinburgh Medical and Surgical Journal; and Dease on the Wounds of the Head.

REVIEWS.

The Student's and Dispenser's Manual. By G. WHITMORE. London: Simpkin, Marshall, and Co.

WE would recommend the above little Manual as a neatly condensed production, likely to prove highly useful to all in the profession, and more particularly to the chemist, and student: it contains a great deal of useful knowledge in a very small compass, and although we do not approve of very small works on any topic, we can at all events, on the present occasion, confidently say that Mr. Whitmore has done justice to the subject.

A Practical Treatise on the Bilious Remittent Fever; its Causes and Effects. By W. ARNOLD, M.D. Churchill. London: 1840. Pp. 320. 8vo.

THE work before us, we are told by the author, is the result of twenty-five years' experience, and the learned Dr., in offering the result to an enlightened public, claims only the merit of being actuated by the laudable desire to preserve the lives of his fellow-creatures in a climate which has acquired the name of being exceedingly hostile to the health of Europeans.

At the commencement of his practice in Jamaica, he was not a little puzzled by the discrepancy of opinion which existed in the minds of different medical men with respect to the treatment of this fatal disease; one party assailing the foe with the lancet indiscriminately, whilst the other, with more subtlety, attacked the citadel with poison, and gave their favourite mercury with prodigal liberality.

Unable to decide which mode of treatment was correct, "and who shall decide when doctors disagree," the author, like a sensible man, determined to act with caution, make nature his guide, watch her works in all and every way, and separate cause from effect; he accordingly kept a diurnal registry, in which he marked the changes in the temperature of the weather, the peculiarities of the diseases witnessed and treated, whether assailing the European, the various castes of Creoles, or the black inhabitants; he sought also to inquire how far the changes in the temperature of the atmosphere had influence over the diseases, and if the changes observed in the diseases could be ascribed to such changes.

Dr. Arnold instituted a series of interesting experiments (vide page 72) on the temperature of the system, for the purpose of ascertaining the temperature of every class of residents in the island, in a state of health, and under the various circumstances mentioned. He considers the temperature of the system in the febrile disease to be the most formidable symptom with which we have to combat in the treatment of the bilious remittent fever, believing that the system, when labouring under this disease, must inevitably give way to the cause which produces even a few degrees of thermal exaltation beyond 105° of Fahrenheit's scale, and that all remedies will have little effect if the temperature of the system be 110° during the first or second stages.

There are some concluding aphorisms in the work, which will enable the reader to form a just estimate of the remarks relative to the treatment of females, when assailed with this disease in civil life, as being in every respect essentially different in every stage; the Dr.'s practice, however, was chiefly confined to male patients treated in the Military Hospital.

Upon the whole, this may be considered a good practical work; it will be read with interest by all practitioners who seek to have a

good knowledge of the *history* of their profession, but it will be found a work of much practical use to the physician bound for the West Indies; to the latter also, that part of it containing the medical topography, will not be found the least interesting portion.

In conclusion, we regret that the great press of very important matter precludes the possibility of our giving any extracts.

ALGERINE TREATMENT OF INTERMITTING FEVERS.

THERE is a species of *Scabiosa* found in the fields around Algiers, which is considered by the inhabitants to possess wonderful powers in the cure of intermitting fevers. It is also found near Oran—on Mount Libanus—and in the tract of country between Gibraltar and the Spanish lines. This plant is not unlike the figure which Morrison gives of his 20th species of *Corymbifera*, with the exception that the head is *not* round, as there described. Shaw calls it—"*Scabiosa flore pallido purpureo, capitulo, oblongo; foliis superioribus incisis, inferioribus integris, serratis.*"—The mode of preparing it is to put a handful into a quart of water, and boil away to a pint.—A coffee-cupful of this decoction is given to the patient, fasting, a little before the hour of dinner; also at night, without any regard to the interval or intermission of the fit, as in giving Cinchona bark. It operates by stool or urine, or both; and has long been of acknowledged efficacy in the cure of intermittents.

NEW OPERATION FOR STAMMERING.—On Tuesday, March 9, Mr. Yearsley, of Sackville-street, invited a large number of eminent professional and scientific men, including Sir Robert Wilson, Sir Robert Gordon, Sir William Pearson, Drs. Roe, Haviland, Lilburn, H. Davies, Bartlett, Sigmond, Tyler Smith, Messrs. Judd, Avery, Golding, Tracy, Malyn, R. Alcock, &c., to witness, at his residence, the performance of the new operation he has accidentally discovered for the cure of stammering. A large number were present, including several persons of rank. Upwards of twenty individuals affected with this malady were operated on, and in each it was attended by the most marked results. Many had stuttered from infancy, and in some cases before the operation the most violent contortions of the face and whole body accompanied the attempt to utter a few consecutive words. These individuals, after being subjected to Mr. Yearsley's treatment, invariably expressed themselves free from the cause of impediment, all that was left of the most inveterate stammer being the awkwardness of using the organ of voice inseparable from its long imperfect action. Cases were exhibited which had been operated on at various intervals during the past three months, in all of which the improvement arising from the operation had increased since its performance; and it was very satisfactory that in those on whom it had been performed longest speech was most perfect and uninterrupted, showing that there exists no tendency to a recurrence of the malady. The operation consists in excising the uvula or the tonsils, whichever may be the source of the defect, and thus overcoming the obstruction in the throat which Mr. Yearsley believes to be the *rational* cause of stammering. The amount of pain is inconsiderable, the operation being altogether different in principle from the division of muscular structures recommended by Dieffenbach. It does not occupy more than a few moments in execution. Children of ten years of age allowed the operation to be performed with scarcely any complaint or expression of suffering.

SPIRIT OF THE MEDICAL PRESS.

CASE OF SCIRRHUS OF THE STOMACH, PROBABLY CONGENITAL; WITH REMARKS.

By Thomas Williamson, M.D., Edinburgh.

THE history and symptoms of this case are brief. The infant (a male) died at the age of five weeks. At birth, it was plump, and apparently healthy, but a few days afterwards vomiting came on, and the matter ejected was coagulated milk. During the last fortnight the bowels were obstinately constipated, and the child seemed to be falling off considerably in flesh, till it gradually sunk exhausted. Upon dissection, the intestines were found collapsed and empty, and all the other visceral organs perfectly healthy, with the exception of the stomach, the pyloric extremity of which felt hard and indurated, forming a remarkable contrast to the soft and yielding parietes of that viscus when emptied of its contents. Upon removing the stomach, it was found that the pyloric orifice was so contracted, as scarcely to admit a small silver probe, a state which might perhaps in part account for its being nearly filled with coagulated milk. Upon slitting open the pyloric orifice, it was evident that the tissues entering into the composition of the parietes of the stomach, had greatly lost their normal appearance. The mucous coat was slightly thickened, whilst scarcely a distinct remnant of the middle or muscular tunic was observable. On the other hand, the sub-mucous cellular tissue was so much hypertrophied and indurated, as seemingly to be the only tissue contained between the mucous and peritoneal coats; transverse white bands appeared to stretch from the sub-peritoneal to the sub-mucous cellular tissue, through that which formerly constituted the middle or muscular coat.

Both parents of this child (their first) were healthy; nor could I learn from inquiry that any particular deaths ever had existed in any of the relatives of the family. By the term *scirrhus*, I do not wish to be understood as meaning a new tissue or deposit, but simply that peculiar modification or hypertrophy of the cellular tissue which (especially when it occurs between a mucous and serous coat) has received this name.

So far as I am aware, this is the only case of the kind ever detailed as occurring in a subject so young, and I think we may fairly regard it in the light of a congenital affection, since it is hardly possible to conceive that such an amount of disease could have taken place in the brief space between birth and death; and I am therefore inclined to regard this as a new fact added to intra-uterine pathology. I may add, that I had the pleasure of exhibiting the morbid specimen before the Anatomical Society of Edinburgh, when the members expressed themselves satisfied of its identity with what is usually called *scirrhus* of the pyloric extremity of the stomach.

CASE OF LUXATION DURING A FIT OF EPILEPSY; WITH REMARKS.

By W. A. F. Browne, M.D.

G. R., aged thirty-one, a strong and robust man, and for many years subject to epilepsy, accompanied by mental derangement, upon one occasion, immediately after the cessation of a very violent fit, but before he appeared to know what he was doing, was observed to place his left hand upon his right shoulder, and heard to moan. He suffered so much from pain, and could so ill describe his sensations, that I was sent for. I found him crying piteously, grasping the shoulder, but otherwise unable to explain what was the matter with him. The

testimony of all around (and several of the patients being convalescent, were credible witnesses) proved that he had not fallen—that he had received no blow—and that, in short, there was no cause known for its present state. I caused him to be stripped, and, upon examination, found that the humerus was luxated downwards and inwards. No swelling had taken place, and the emptiness under the acromion, the presence of the head of the bone in the axilla, the inability to use the arm, &c., put the matter beyond a doubt. The usual means of reduction were at once resorted to, and with success, the head of the bone entering the cavity with a snap, the pain ceasing, and motion being restored. The reduction was in all probability facilitated by the relaxed and lethargic state of the muscular system succeeding the epileptic paroxysm. This affords an instance of luxation being effected by the inordinate action of the pectoralis major, latissimus dorsi, &c., without external violence. The patient was never before similarly affected.

Sudden violent contractions of the pectoralis major, and latissimus dorsi, are said to have luxated the humerus, when it was separated from the side. An instance has also been recorded in which the lower jaw was luxated during a fit of epilepsy, and remained unreduced; and I am informed that a case occurred many years ago in the Royal Infirmary of Edinburgh, in which, during an epileptic fit, *both humeri* were dislocated; the dislocations were reduced with great ease by Sir George Ballin-gall, who had charge of the patient.

ANEURISM BY ANASTOMOSIS.

WILLIAM FARQUHARSON, aged fourteen, from Perthshire, was admitted on the 7th of September, 839.

Having finished my visit, I was about to leave the hospital, when the house-surgeon told me that a case had just been admitted under my care, that required immediate attention. The complaint, he said, was a sore on the leg, which had a great disposition to bleed, and that having taken off a bandage from the limb, he had found it necessary to apply a tourniquet to arrest the profuse hæmorrhage which ensued. On going into the ward, I found the patient in bed, with his leg lying in a pool of blood. The outer side of it, a little below the knee, presented a discoloured and slightly elevated surface, extending from the head of the *fibula* about four inches and a half downwards, and three in breadth. The blood appeared to have issued from two small irregular ulcerated openings near the centre of this part. Over these compresses were placed, and secured by a roller applied firmly from the toe upwards. This arrested the hæmorrhage, and afforded time to inquire into the case, and consider what should be done.

The patient stated that, to the furthest extent of his recollection, there had been a dark-coloured mark, about the size of a half-crown piece, in the seat of the disease; but that this had occasioned no inconvenience until two years before, when an opening took place, and blood, in large quantities, gushed out. The discoloration had then extended, and been accompanied with elevation of the surface. Subsequently the bleeding frequently returned, and in his lonely occupation of a shepherd, repeatedly threatened to prove fatal. Latterly he had suffered in this way every two or three weeks, and become so much exhausted, that his friends, seeing him about to sink under the complaint, undertook the long journey from their distant residence in the Highlands in quest of relief. There could be no doubt as to the nature of the disease, which was evidently a tu-

mour composed of erectile texture; but great difficulty seemed to lie in the way of any efficient treatment. The large superficial extent and position in part over the bone, rendered the use of ligatures inapplicable, while from the uncertain depth, and large portion of skin engaged, excision appeared an operation not only formidable in its execution, but unpromising in its result. In these circumstances, I resolved to attempt the excitement of inflammation and adhesion between the interstitial surfaces of the morbid structure, and with this view, two days afterwards, having previously applied a tourniquet, cut through the whole length of the discoloured integuments, detached them from their subjacent connexions, and stuffed the cavity with lint, the bandage being then applied as before. Everything went on well for six days, when the roller being loosened, blood streamed out with undiminished force. The patient was now reduced to a state of extreme weakness, and I was in despair of relieving him in any other way than by amputation, when a gentleman, whose valued acquaintance I owe to this case—Dr. Little of Sligo, encouraged me to try extirpation of the disease, by mentioning that he had known this done with success on an equally unpromising occasion. The whole of the unsound surface having been embraced by an elliptical incision, I divided the fascia, and was glad to find the muscular substance not implicated. Cutting through it parallel to the base of the disease, I arrived at the bone, and readily completed the separation from it, as the periosteum was not engaged. Three or four vessels were then tied, and lint being applied to restrain any oozing from the surface, a roller was put on, and the tourniquet removed. No unpleasant symptom followed, and though the cure, as might be expected, proved tedious, it was ultimately complete. The patient left the hospital on the 12th February, and, according to the last accounts, is perfectly well, both locally and generally.—*Edinb. Monthly Jour.*

COERCION OF THE PROFESSION IN IRELAND.

To the Editor of the 'Medical Times.'

SIR,—Our medical brethren at the other side of the Channel are so far fortunate, that they cannot be prevented acting as free citizens of the State, or if they were deprived of freedom of opinion by an act of the government, that they would have the support of the British people in condemnation of any arbitrary exercise of authority. You will probably, ere this reaches you, have been put in possession of one of the most unconstitutional and despotic proceedings that has occurred, out of Russia, for many years. Dr. John Jacob, of Maryboro', in the Queen's County, was, on the introduction of the Poor-Law into that district, elected a guardian, and discharged his duties honestly, independently, and effectively. By his exertions, with the support of some of his brother guardians, the attempt to introduce, or rather enforce, the degrading rules of the Poor-Law Commissioners, with respect to vaccination, was defeated in that part of the country, and a spirit on the part of the Poor-Law authorities to lower the members of the profession, was resisted. Besides this, he, in conjunction with other independent members of the Board, refused to become the tools or puppets of Nicholls, Phelan, and Co., and exposed the jobbing with respect to the site selected by the Commissioners, all of which rendered him obnoxious to the central jobbers; and finding that they themselves, from Dr. Jacob's popularity, could not prevent his re-election to the office of Guardian for the year, they had recourse to the Execu-

tive to do the work for them! and accordingly the Under Secretary, to get rid of so valuable, respectable, and efficient member of the Board of Guardians, of Maryboro', addressed the following tyrannical epistle to Dr. Jacob:—

Dublin Castle, 28th Feb., 1841.

Sir,—I am directed by the Lord Lieutenant to state, that it appears to His Excellency that the four medical situations which you hold are fully sufficient to occupy your time, without superadding the duty of a member of a Board of Guardians, and, consequently, that in the event of your being again placed in that situation, His Excellency will think it right to appoint some other medical attendant to the Lunatic Asylum.—I am, Sir, your obedient servant,

N. H. M'DONALD.

Doctor Jacob, Maryboro'.

Dr. J. has been obliged, I regret to say, to retire from the Board, but he was not permitted to take his leave sub silentio, as the following Resolution passed, nem. dis., shows the estimation in which he was held as an efficient member of that body.

Resolved, That we hereby tender our warmest thanks to Dr. Jacob, for his zealous and most efficient conduct as a member of this Board, and express our sincere regret at his *compulsory* withdrawal from our Board.

Dr. Jacob's case well deserves the sympathy of our English brethren, and I hope they will not fail to record their opinions of so unconstitutional an act. I hope to be able to forward you the full report of this infamous proceeding.—I am, Sir, your obedient servant,

ANTI-TYRANT,

And a Subscriber to the 'Medical Times.'

March 13, 1841.

ROYAL COLLEGE OF SURGEONS, LONDON.

List of Gentlemen admitted Members on Friday, March 12th, 1841:—

William Simpson.
John Rees Withecombe.
William John Gruggen.
Augustus John Marsh.
Henry Coward.
Richard White O'Donovan.
Samuel Secker.
Alexander Anderson.
Ebenezer Alfred Jenkin.
William Lodewyk Crowther.
James Hooper.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes registered in the week ending Saturday, the 6th March, 1841:—

Epidemic, endemic, and contagious diseases	179
Diseases of the brain, nerves, and senses	180
Diseases of the lungs, and other organs of respiration	336
Diseases of the heart and blood-vessels	19
Diseases of the stomach, liver, and other organs of digestion	73
Diseases of the kidneys, &c.	4
Childbed, diseases of the uterus, &c.	16
Diseases of the joints, bones, and muscles	11
Diseases of the skin, &c.	0
Diseases of uncertain seat	125
Old age, or natural decay	106
Violent deaths	25
Causes not specified	5

Deaths from all causes 1079

HOSPITAL STAFF.—Assistant-Surg. James Archibald Duncan M'Bean, from the 5th Foot, to be Assistant to the Forces, vice M'Gregor, appointed to the 42nd Foot.

DR. SEYMOUR'S CLINICAL OBSERVATIONS AT ST. GEORGE'S HOSPITAL.

RHEUMATISM.

SINCE I last met you, there have been admitted five cases of this disease under my cure. I shall group these together, and offer you some general observations on the disease in question, although I have so frequently had occasion to call your attention to the subject of rheumatism, that what I may now say to you may but consist of what I have told you before. You will find in your practice, that rheumatism (so called) will be brought more frequently before you than you may at first expect; but the fact, however, is, that you will have people come to you with every sort and variety of pains, for all of which they will only find one word, rheumatism. I am now attending a gentleman who has had some rather severe affection of the kidneys, and he tells his friends that he has had rheumatism of the back; and some people will have a peculiar sort of headache, which they will call rheumatism of the head; in short, you will find your powers of diagnosis pretty smartly tried, in distinguishing between the various diseases which are said to be rheumatic, and those which are not so. Well, now you will find in books many various plans laid down for the treatment of rheumatism. In the cases now under our notice, you will observe that the period of their duration varies from eight days to three weeks, and that some are more intense in the severity of the pain than others; so that the whole series will present you with a very fair example of the average cases of this disease that you will meet with. In some of these you will find that the pain is increased by warmth, whilst in connexion with this latter symptom you find that the pained parts are covered by a moisture naturally exuding from them. This moisture does not relieve the patient of pain, but it points out one method of treatment applicable in such cases. You will find some physicians who treat these cases by bleeding only; others, on the contrary, never bleed at all; some give opium alone, others give it in combination with calomel. Now you are, many of you, aware of the peculiar plan of treatment which I have always followed in these cases; I generally premise a good bleeding, and afterwards administer the *guaiacum mixture*, and in a few days the patients are well. In the cases at present under our notice, I have followed out this plan, and you have seen how very successful it has proved. How the *guaiacum mixture* acts in these cases I do not pretend to say, except that it causes a profuse increase of the secretions from the skin, the bowels, and the bladder; I never find that it begins to effect a cure until all these are fully established.

ADVERTISEMENTS.

SUMMER LECTURES, DISSECTIONS, and PRIVATE CATECHETICAL INSTRUCTION. Interrupted Private Catechetical Instruction, with the aid of recent Dissections, by Mr. Dermott. The Lectures and Demonstrations this week and next, are—Brain, Internal Ear, Physiology of Abdominal Viscera, and Fractures.

Dissections, Anatomical Demonstrations, Private Instruction, and Surgical Lectures (recognised by the College and Medical Boards) continued during the Summer. House Pupils received, who have extra instruction, and are quickly qualified for passing the College of Surgeons. Apply to Mr. DERMOTT, Charlotte Street School of Medicine, 13, Charlotte Street, Bloomsbury.

* * * The Summer course of Surgical Lectures will commence on Monday, May 3rd., at 3 P.M.

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1, Princes-street, Bank, London, Aug. 1, 1842.

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Consulting Physician.—William Stroud, M.D.
Surgeons.—Ebenezer Smith, Esq., and William Gwillim Merrett, Esq.

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Ten grains of Unadulterated Balsam (imported direct from Para, by C. W.) are contained in each Capsule, which will be found of a size that may be easily taken.

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Ditto Unarticulated	do.	0 15 0	ditto
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Ditto, mounted, à la Bonchène		2 0 0	ditto
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Skulls with horizontal, vertical, and other sections, showing also the preparation of the Internal Ear	do.	0 10 0	ditto
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THE MEDICAL TIMES.

A Journal of English and Foreign Medicine and Medical Affairs.

No. 79. VOL. III.

LONDON, SATURDAY, MARCH 27, 1841.

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STAMPED EDITION, 4D.

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[T. BAILEY, WELLINGTON STREET NORTH, STRAND.]

MEDICAL REFORM.

To the Editor of the 'Medical Times.'

SIR,—The conduct of the Members in the House of Commons on Wednesday evening, the 17th inst., in leaving the House when Mr. Hawes moved the second reading of the Medical Reform Bill, and the absence of the members of the government, shows pretty clearly, that we are not to expect any support from that quarter; and from the apathy on the part of the leading members of the profession, as well as the medical corporations, and the activity displayed by the Chemists and Druggists, in their hostility to the bill, I think we may easily guess what its fate will be. The shameful supineness on the part of the medical men all over the kingdom, is the cause of Mr. Hawes not being better supported; although his bill is not everything we could wish, still there are some good points in it, and in a Committee I have no doubt would have been made effective. If something is not done this session, it will be our own fault, but I despair whilst parties are so divided as to what ought to be done. If the bill should be lost, I hope another will be introduced into the House to consolidate the existing medical corporate bodies with new powers; this I think would please and satisfy them. Something like the following plan might be adopted;—the College of Surgeons and the Apothecaries' Society to still share the privilege of examining and granting certificates, the one in *Materia Medica*, Chemistry, &c., and the other in *Anatomy*, Midwifery, and Physiology. The College of Physicians, in the Principles and Practice of Medicine, and to be the *only licensing and controlling body*—of course the certificate from the Apothecaries and Surgeons is not to qualify to practise, but *preparatory and necessary* to the obtaining a license from the College of Physicians.

It is very natural that the present medical authorities should feel a little at the prospect of being annihilated, but it is their own fault; they ought to have taken up the subject themselves, not left it to be done by a *non-medical* man; if they had, they would have been supported by their medical brethren and the public too, now they have lost the confidence of both. I must say that I think the Society of Apothecaries have some claim to take part in any new governing body, they being at present the only legal authority for regulating the practice of medicine; and we must all admit, that since 1815, that there has been great improvement in the profession. I must confess I had rather that this authority had been confided to the College of Physicians, but they evinced the same indifference and apathy to the interest of the profession in 1815, as they do now.

The Society of Apothecaries have faithfully

and meritoriously discharged the duties assigned them by the Legislature, and before they are deprived of the important trust delegated to them, the parties who oppose them are bound to prove that they have abused that trust, or rendered themselves unworthy of any longer retaining the important power of which they have shown themselves, in my opinion, so capable of managing. They have raised themselves much in the estimation of the members of the profession and the public, by the desire they have shown to enhance the qualifications, and of course the characters, of those who are about to become members of their Society. Had the physician, the consulting surgeon, and those who, by the voice of public opinion, have been raised above their brethren in the profession, done so much as the Society of Apothecaries have in keeping up its respectability, we should not have had so much to complain of; but we see and hear of physicians daily meeting Druggists in consultation, and treating them as regularly educated men. While this is done can we wonder that the public should place confidence in the practising Druggist? Is this upholding the dignity and respectability of the profession? Such conduct is disgraceful to a liberal and learned profession, and ought to be punished, either by suspension or forfeiture of diploma. The physician or surgeon who does this, not only degrades himself, but is undermining the confidence of the community in the general practitioner. With this I have sent you a copy of a petition in favour of Mr. Hawes' Bill, that was presented to the House of Commons on Friday night, by L. Bouges, Esq., one of the Members for Bath, from a general practitioner in this city; if you think publishing it with these remarks will incite others to follow his example, your doing so will oblige, yours, &c.,

ARGUS.

Bath March 20, 1841.

A TABLE OF MORTALITY FOR THE METROPOLIS,

Showing the number of Deaths, from all causes, registered in the week ending Saturday, the 13th March, 1841:—

Epidemic, endemic, and contagious diseases	183
Diseases of the brain, nerves, and senses	157
Diseases of the lungs, and other organs of respiration	314
Diseases of the heart and blood-vessels	27
Diseases of the stomach, liver, and other organs of digestion	73
Diseases of the kidneys, &c.	8
Childbed, diseases of the uterus, &c.	9
Diseases of the joints, bones, and muscles	7
Diseases of the skin, &c.	2
Diseases of uncertain seat	127
Old age, or natural decay	114
Violent deaths	24
Causes not specified	4

Deaths from all causes 1049

LECTURES ON SURGERY.

DELIVERED AT ST. BARTHOLOMEW'S HOSPITAL, BY
WILLIAM LAWRENCE, F.R.S.

INGUINAL HERNIA, RESUMED.—PROPER SITUATION FOR A TRUSS.—OPERATION FOR STRANGULATED HERNIA.—ARTIFICIAL ANUS.—PROLAPSE OF INTESTINE FROM ARTIFICIAL ANUS.—STERCORAL FISTULÆ.—HERNIA CONGENITA.—SYMPTOMS AND DIAGNOSIS OF INGUINAL HERNIA.

I BEGAN to speak in the last lecture of *inguinal hernia* or *bubonocoele*; I observed that there are two varieties of that rupture, one in which the parts are protruded through the inguinal canal, entering at the superior or internal, and making their appearance at the external or inferior opening, namely, the aperture in the tendon of the external oblique, first appearing as a tumour in the groin, and then gradually extending into the scrotum. I mentioned that it is called *external inguinal hernia* in consequence of its being protruded on the outer side of the epigastric artery; that the parts are protruded directly over the spermatic chord, between it and the cremaster muscle, and that the peritoneal sac receives an external covering from the cremaster and the tunica vaginalis communis. I stated to you that it was also called *oblique inguinal hernia*, in consequence of its having, particularly in the commencement, an oblique direction from below upwards and outwards. I stated that there is another kind of this rupture in which the parts are first protruded at the superior or internal aperture of the inguinal canal, and do not pass out at the inferior aperture, and that they may be even strangulated in this situation; that in that case the hernia is, of course, situated in the groin, and is covered by the external oblique. This is a specimen of a rupture of that kind, in which, however, a portion of the tumour is situated in the way that I have mentioned to you, in the inguinal canal between the superior aperture and lower opening of that canal, and another portion has passed through the inferior opening and descended into the labium pudendi. I mentioned to you that in the other variety of inguinal hernia the parts are protruded directly through the external ring; that they pass out of the abdomen on the inner side of the epigastric artery, so that the artery is seated on the external side of the mouth of the sac, and that this is called *internal inguinal hernia*, or *direct inguinal hernia*, inasmuch as the parts come out in a straight course. Now, in the latter case, that is, in the direct or internal inguinal hernia, which is the least common of the two kinds, the hernia never obtains a considerable magnitude, for it pushes before it, and is covered by the fascia transversalis, and thus it cannot increase to any great extent.—Now, these differences are rather important in reference to certain anatomical points, and, more particularly, as to certain questions that arise in executing particular parts of the operation.

Proper Situation for a Truss.—The proper place for the application of the pad of a truss in a reducible inguinal hernia, is the part at which the viscera are first protruded from the abdomen. In the case, therefore, of the most common species, that is, the external or oblique inguinal hernia, the situation for the pad of the truss in the incipient state of the complaint is midway between the angle of the pubis and the anterior superior spine of the ilium, where the viscera are first protruded. In the case of direct or internal inguinal hernia, the pad must come immediately over the ring of the obliquus externus, that is, immediately above the angle of the pubis. But in either case you have to ascertain, by pressure with your hand, the exact place where the viscera protrude, and that is the point to which the pad of the truss is

to be applied. In taking the measure of a patient for a truss, you have to measure from the point at which the parts are protruded in a circular direction round the body; and a string carried in that way will be proper enough for the measure to be given to an instrument-maker. It will be well, however, to mark the place where the pad is to press upon the opening in the one case, midway between the anterior superior spine of the ilium, and the angle of the pubis, and in the other above the angle of the pubis as well as the distance from this point to the anterior superior spine, for that will give the length of the curved part of the truss in front.

Operation for Strangulated Hernia.—In the operation for strangulated inguinal hernia, you must carry the external incision in the direction of the long axis of the tumour, commencing at about an inch above the opening at which the parts are protruded, and carrying it down in a straight line along the middle of the tumour towards the lower part of it; it is not necessary, however, to extend the incision throughout its whole length. That part where you principally want room, is just where the parts have been protruded from the abdomen; therefore begin, at all events, at about an inch above that, and then carry your incision downwards in the long axis of the tumour through the skin. With an ordinary pair of forceps and scalpel, you then carefully cut through the adipose substance which intervenes between the surface of the sac and integuments. In the external inguinal ring you have to cut through the skin, adipose texture, and coverings, which are often thin and separated into several laminae, composed of the cremaster muscle and tunica vaginalis of the chord. You will cut through them cautiously, stratum by stratum, until you come to the sac, and when you are approaching it, you will cut with every possible degree of caution, for if you were to cut incautiously through the peritoneal covering, you might wound the intestine. As you approach the sac, you lift up the different layers with a pair of forceps and cut through them, when thus elevated, with a knife, carried nearly horizontally, and in this way there is not much danger of wounding the protruded parts, the hernial sac being separated from them by the fluid effused into it, so that when you cut through the peritoneal covering, a certain quantity of fluid, generally of a reddish colour, escapes; sometimes there is a considerable quantity of this fluid, and usually it is enough to prevent all danger of this kind. When you have thus cut into the sac, extend the opening upwards and downwards, so as to expose the parts freely. It is not necessary to cut through the integuments and the sac the whole length of the hernia. I pointed out to you in the last lecture, that the component parts of the spermatic chord are sometimes separated in the case of hernia, and that sometimes either the vas deferens, or some other parts of the chord, pass directly over the sac, so that if you were in every instance to cut down to the very bottom of the tumour, you might endanger the chord or the vas deferens. Such a complete division of the tumour is not necessary; if you expose the sac for a space of two or three inches, including the ring and the part just below it, that will answer every purpose. When you have completely exposed the contents of the sac, you introduce the finger and ascertain where the stricture is situated that confines the parts and prevents their return; your next object is to make such a separation of that stricture as to allow of the replacement of the protruded parts. There is some difficulty in accomplishing this part of the operation. Unless the parts were very closely girt by the stricture, you would be able to return them without opening the sac, and of course the hernia would not then be strangulated. You would expect, therefore, where you cannot accomplish this, to find a structure so complete, that you cannot introduce even the extremity of your finger, therefore you must divide it by means of a cutting instrument conveyed in by means of a director; and, as the situation of the stricture is generally deeper than the external wound you have made, and perhaps higher up, you have got to divide the stricture at the part where you can-

not see it, and where your proceeding must be guided by your anatomical knowledge. Recollect that intestine, perhaps omentum, are contained within this stricture, and that there may be only just sufficient room for the passage of the director, and that you have got to introduce a cutting instrument on that director; take care, therefore, that you do not wound the parts where it is thus introduced. In doing this part of the operation, you must be sensible that a considerable danger exists, and that a good deal of care is necessary, even although you have operated repeatedly, in order to enable you to avoid it. I think that a person will hardly find, even after long experience, that he can perform this part of the operation, without feeling it necessary to adopt all possible precaution to prevent the intestine being wounded, the part to be operated on embracing the protruded viscera very closely, and being completely out of sight. You introduce then a director under the stricture, and, in order to avoid as much as possible the danger I have mentioned, you will find it expedient to employ a director with a deeper groove than that which you ordinarily find in a dressing-case of instruments; a steel director, with a very deep groove, is to be passed in; it passes easily into the stricture, and the depth of the groove conceals the blade of the knife which you employ, so that there is very little risk of wounding the parts if you operate cautiously; at the same time you must employ the forefinger of your left-hand, or the finger of an assistant, who, with his finger or the handle of a scalpel, presses the intestine out of the way of the knife when you are executing this part of the operation; and this, I think, you will find the best way of proceeding. A particular kind of curved knife has been recommended by Sir Astley Cooper for performing this part of the operation. Of course you are aware, that under circumstances where you have not got a proper instrument to divide the stricture in incarcerated hernia, you must divide it with the common bistoury, which you have curved, but this instrument, which I now show you, is calculated to perform what you want more safely; it appears like an ordinary curved knife, but it is blunt for half an inch at the point; then there is a cutting edge for about three-quarters of an inch, and the rest is blunt. You carry this knife into the part flat, then you turn up the cutting edge against the stricture, and cautiously divide the constricted part. This is an instrument that may be conveniently employed in that part of the operation.—It is not necessary to make an extensive division in strangulated hernia; all you want is such an opening as will allow you to replace in the abdomen the parts that have been protruded and confined by the stricture. A division, perhaps of a quarter of an inch, will enable you to accomplish the purpose, and if it will, it is not necessary to divide more than that. The further you divide the parts in the operation, the more they are loosened, and the greater probability is there of a return of the hernia after the operation, and of its acquiring a considerable magnitude; by limiting the division just to the extent absolutely necessary, you avoid that risk. You will, therefore, introduce the knife, keeping the edge of it closely applied against the part that constitutes the stricture, and cautiously divide a little of that part. When you have made a small division, attempt to return the parts, and if you find that the opening is not adequate to their return, you must repeat the incision, making the division a little larger.—In the case of inguinal hernia, you may find the stricture either in the tendon of the external oblique, or it may be formed at the superior and internal abdominal ring, by the lower edge of the internal oblique and transversalis; or by the neck of the sac, altered in the way that I have already described. If it is formed in the two ways I have last mentioned, either by the edge of the obliquus internus and transversalis, or by the altered neck of the sac, you may find that it will be situated considerably within the parts you have divided, and that you have to introduce your finger and divide it at a considerable depth.—The only other point of consequence to attend to, in the case of inguinal hernia, is the direction to be given to the instrument in per-

forming this part of the operation. And here you must recollect the distinction I have made between the two kinds of rupture; in the more common species, the epigastric artery will be situated on the inside, while, in the less frequent kind, it is situated on the outside of the neck of the hernial sac. In the case of external inguinal hernia, you might safely divide the stricture upwards and outwards—that is, towards the anterior superior spine of the ilium; but, in the other species, if you were to divide the stricture in that direction, you would run a great risk of wounding the artery; if you were to divide it upwards and inwards—that is, towards the linea alba, in the ordinary kind of inguinal hernia, then also would you endanger the artery. In order then to avoid all risk of this occurrence, you should divide the stricture directly upwards—that is, in a line parallel to the linea alba; and the artery will then be perfectly safe, whatever kind of inguinal hernia you may be operating upon; you are to cut not upwards and outwards, nor upwards and inwards, but divide the stricture in the middle, in a direction parallel to the linea alba—that is, straight upwards, and then there is no danger, in either kind of inguinal hernia, so far as the artery is concerned.—Having then divided the stricture, you make a gradual pressure on the protruded parts, and you find that they re-enter immediately the cavity of the abdomen; the intestine passes into the abdomen with the greatest facility, and you can easily return the omentum also, when that is protruded.—Sometimes you find the intestine very much discoloured. You find it of a deep livid red—a dark-brownish red, of a deep chocolate-brown colour; or of a livid tint hardly distinguishable from black, and all these discolourations may exist, without any serious change in the state of the coats of the intestine, that is, without loss of vitality in them. Under such circumstances, the peritoneal covering retains its ordinary pale appearance; and if the vessels are full of blood, by making a gentle pressure on them in the direction of the venous circulation, you can squeeze on the blood, and the vessels will again become full, showing that the vitality still exists. If the parts should have become mortified, they assume a dirty brownish hue, and the peritoneal covering has lost its pale colour; and there is generally this distinction between mortified parts and those that are not mortified, that in the former case, if you squeeze the blood out of the vessels, when they do not fill again, so as to show that the circulation goes on; and usually when this serious change has taken place, there is more or less of that disagreeable fetid smell, which commences when mortification has supervened. A portion of intestine simply changed in colour, however considerable that change may be, may be safely returned into the abdomen; but if it has actually lost its vitality, it would be very improper to replace it eventually, because it would become separated, the contents of the alimentary canal would escape into the abdomen, and the patient would lose his life. If the intestine has lost its vitality, you may make a free incision through it; by so doing, you allow the alimentary canal to unload itself; you let out the fæces and flatus which fill it above the stricture, and thus you give great relief to the patient. With respect to the omentum, if that is in its natural state—if it possesses its natural redness and softness of texture, you may replace it in the abdomen. Frequently, however, the omentum has become considerably thickened and indurated—formed into an unnatural mass which you cannot easily unfold, so as to make it exhibit its natural state, the neck being especially condensed and formed into a pretty firm thick ring. If a piece of omentum in this state were returned into the abdomen, you would find it become a source of irritation, you would find the parts inflamed, that suppuration would be produced in the abdomen, and that the returned omentum would thus become the cause of great danger to the patient. To avoid this, after returning the intestine, you must cut off the piece of omentum that is thus situated; and having done so, take up the vessels one by one, and tie with small ligatures any that you may observe to bleed. Sometimes the omentum has been left in the sac:

under such circumstances it will separate occasionally, after the performance of the operation; or the part that has been thus left, will become covered with granulations, and form a portion of the cicatrix. I think it best, however, if it is particularly altered, either by long continuance in the hernia, or by the change occasioned by the strangulation, to cut it off, and take up on the cut edge the bleeding vessels which you may find troublesome. Having thus disposed of the parts contained in the hernia, you bring together the sides of the wound in the usual way, and you generally find it better to unite them by sutures. The situation of the wound is not convenient for union by adhesion; the edges can be brought carefully together and united by sutures. Then the most advantageous dressing is, soft cloths dipped in cold water; or perhaps immediately over the wound, you may lay a rag spread with simple cerate. In some instances particularly, if the parts protruded were large, there may be such a tendency in them to escape again, that you require some pressure to be made in the situation of the abdominal ring; in this case, after uniting the wound by sutures, you may employ compresses of rag over the ring, and produce as much pressure there as may be found necessary to prevent a return of the hernia; it is expedient also to direct the patient, whenever he moves in bed, or has occasion to use the bedpan, to put his hand over the part and make slight pressure, for the purpose of preventing any protrusion under such exertion.—I have spoken to you of the course that should be adopted, in cases where you find the intestine not mortified; the same course may be adopted if the changes in the hernia, visible externally, previous to the operation are such, as to lead you to expect that mortification has occurred. If the integuments have become red externally, if the violent symptoms have subsided, and the pulse has become small, feeble, and intermittent, and at the same time the patient is covered with a clammy sweat, you may expect to find that the parts protruded have undergone mortification, though, on the other hand, this change may have taken place where these symptoms have not exhibited themselves before the operation. The parts may be mortified, although there be no appearance of it externally, and although there may be no particular alteration in the pulse; but it is always a very formidable sign when you see a redness, and more particularly, a livid state of the integuments. As long as the protruded viscera remain in their natural state you never have the integuments inflamed, and, therefore, when you see the parts covering the hernia thus discoloured, you may be sure that not only are the protruded parts pretty considerably inflamed, but that they have undergone mortification. Under such circumstances, you may deem it necessary to make an opening, and, perhaps, give the patient that relief that a free division of the mortified parts will afford; that is all you can do in such a state of danger.—Now, in many cases it is found that the mortified part of the intestine separates, and that the contents of the alimentary canal are freely discharged through the opening that is made either in this way or by the surgeon. After a time the discharge of the feces through the wound diminishes, and the patient has fecal discharge in the natural way; and in certain instances the discharge through the wound ceases entirely, the contents of the alimentary canal take their natural course, the wound closes up and complete recovery ensues. In other instances the patient recovers his strength, but the wound does not close; the contents of the bowels are permanently discharged through the wound, and, in fact, the case then becomes, what is technically called,

Artificial Anus.—a case in which the fecal matter is discharged at the grain, or any other situation where the hernia has existed. This, of course, is a state extremely annoying to the individual, and which it would be very desirable to remove. In some instances an operation has been performed which has had the effect of relieving the patient from this disgusting infirmity, by producing a closure of the unnatural opening, and procuring a course for the feculent matter in the natural direction. At first sight it would

seem rather difficult to understand how the natural passage of the contents of the bowels could be restored after a portion of intestine had mortified; but by examining the circumstances attending cases in which this has taken place, the process which nature adopts becomes tolerably obvious. If a portion only of the diameter of the intestine is included in the stricture, we find that part of the mesentery corresponding to the portion included in the stricture, to be drawn down towards the inguinal canal; and if a third of the diameter of the intestine is included in the stricture, the passage of the alimentary matter is completely impeded, because the internal and muscular coats form a permanent fold on the inside of the intestine, opposite the part where the mesentery is drawn down. [Here the lecturer exemplified the operation by diagrams.]—Now, in certain cases, the course we find to take place is this,—the inflammation that has proceeded to such an extent as to produce mortification, produces also adhesion between the sides of the sac and the parts in its immediate vicinity, which thus become adherent to it, after the stricture has been relieved, and the bowels have been emptied; the mesentery and portion of the intestine are gradually drawn back into the abdomen, and thus a portion of the sac remains adherent to the bowel, supplying the place of the part which has been lost; and in this manner the integrity of the alimentary canal is re-established.—The contents of the bowels coming down in the direction chalked out in this diagram, are prevented from going into the lower part by the prominence which you here see, but they pass into this part of the sac, and thus the course of the alimentary contents is re-established, where the radical cure has taken place.—This circumstance is pointed out by Scarpa; who observing the portion of the hernial sac that is drawn in by the gradual retirement or recession of the intestine, to have a funnel-like shape, calls this the *membranous funnel-shaped cavity*, and points out how the alimentary substances coming down through this membranous funnel-shaped cavity, pass on into the lower part of the intestinal canal.—There are some instances, however, in which the two portions of the bowel become situated very nearly parallel to each other, and where this process of repair cannot take place. Now I would suppose the protruded portion of the intestine to be represented by those two lines, &c. [Referring again to a diagram to show the parallel situation of the two ends of the divided intestine.]—Here the alimentary contents must come out of the opening; therefore, in such a case, the discharge of them through the artificial anus must be permanent. But, at the same time, if you could unite those two portions of bowel for a certain space from this opening within the cavity of the abdomen—if you could make them adhere together for the space of a couple of inches above the wound, you would then have a direct opening from the one to the other; that is, if you could remove a certain portion of the septum that separates the two, you would then have the contents coming down from the upper portion to the lower; and the same process would take place where the ends of the bowel, instead of being parallel, were united by a very acute angle—if you could destroy the portion that forms the septum between the two, then the contents would go from the superior to the inferior part. Now this object has been accomplished by a very ingenious operation, devised and practised in a great many cases by Baron Dupuytren, and I think that it does great credit to the ingenuity of the inventor. In the first place, he ascertained by examination, that the cause which prevented the passage of the contents of the bowels, from the superior to the inferior part of the canal, consisted in the projection of the coats of the bowel between the two openings, and he considered what process could be employed to destroy that projecting part. He then hit upon employing a kind of forceps which admit of being opened at both ends; one end is introduced above the divided bowel and one below; and then a certain portion of the coats of the upper and lower ends where they lie in close contact (when the ends are lying parallel, or of the projecting part when they are united at an

acute angle) is embraced between the two ends of the forceps, which are so constructed, as to produce a pressure upon the parts embraced, which will destroy their vitality. When the surrounding parts have been inflamed and have suppurated in the ordinary way, the portion thus pressed becomes loose and separates, and a free communication is established between the upper and lower ends of the bowel. Now I shall just chalk this process out to you on the board. [The lecturer here made a diagram of the parts.] Now, that is the operation which has been performed for the removal of an artificial anus by Baron Dupuytren in many instances. I have not had an opportunity of trying it myself, for to say the truth, I do not find those cases of artificial anus to be very numerous, and all cases in which they exist, do not admit of its performance. It is necessary that the two portions of bowel should either be united at a very acute angle or lie parallel to each other, in order to allow of the performance of this operation, and I have not met with a case in which the parts were thus situated. I would therefore beg to recommend you, if you have a case of this kind to operate on, to consult the account Baron Dupuytren published of this operation, in the 'Dictionnaire de Medicine et Chirurgie,' in the third volume of which you will find the article I refer you to.

Prolapsus of the Intestine from Artificial Anus.—In the case of artificial anus, where there is a regular discharge of the contents of the alimentary canal through the opening, it sometimes happens that the intestine prolapsus at that opening, the same kind of prolapsus takes place that may occur at the natural anus, and which constitutes prolapsus ani. It is everted in the same manner as the finger of a glove may be; and you may have a large portion of it descending to the extent even of some inches. You may have a double prolapsus; one at the superior and one at the inferior edge of the intestine. Such a protrusion may be easily returned, but it is difficult to keep it replaced.

Stercoral Fistula.—After an opening of this kind has been closed, or at least after it has been so far closed that the contents of the bowels pass in their natural channel, it sometimes happens that a minute opening remains, through which there is occasional discharge of a little yellow fetid fluid that has been called fecal—a fecal fistula, which has sometimes been found extremely difficult to heal.

Inguinal Hernia in the Female.—Inguinal hernia in the female is essentially the same affection, and the operation for it is the same as in the male; I have, therefore, nothing particular to add to what I have already said. In considering the operation as performed in the female, however, for inguinal hernia, where the intestine descends through the upper or internal opening of the canal, and is strangulated there, without passing through the external ring, it is so far peculiar, that if you were to operate there, you would have merely to make an opening through the external oblique muscle; as to the rest, it is the same as in the other case.

Hernia Congenita.—There is a case in which the protruded parts are found in contact with the testicle, and this is called *hernia congenita*. It takes place thus: the communication between the tunica vaginalis and cavity of the abdomen, which exists immediately after the testicle has descended into the scrotum, which does not become closed in such cases, but remains permanently open; in these instances the tunica vaginalis is, in fact, a kind of process or continuation of the cavity of the abdomen. And in individuals in whom this process of peritoneum, leading from the inguinal canal down to the testis, has not become closed, if a hernia takes place the parts will pass through that opening, and come to the testicle. The term *hernia congenita* would lead you to suppose that it existed at birth, which, however, is not the fact; the hernia does not take place till some time after birth, perhaps not till the patient is some years of age; but the state of parts which produces it exists at birth, although the hernia itself does not then take place. When you come to lay open the sac, you find that the parts lie in contact with the testicle; and, of course, previously to the operation,

you do not find the testicle situated free and below the protruded parts, as in the case of ordinary inguinal hernia. Here is a specimen of a case of this kind; here is the sac laid open, and you observe the testicle projecting into the lower part of it. The remark which I have made to you respecting the distinction between hernia congenita and common inguinal hernia, in respect to your not being able to feel the testis separate from the rupture, reminds me that I did not, in the commencement of the lecture (as I should have done) mention to you the particular.

Symptoms and Diagnosis of Inguinal Hernia.

—I began by speaking of the operation, without having mentioned what the symptoms are by which you are best able to distinguish inguinal hernia from other affections which take place about the same parts. When a tumour exists in the anterior part of the inguinal region, or when you see a tumour in the scrotum which has previously existed in the groin, and descended into the scrotum; when you find, on examining that tumour, that you trace it up to the ring, and that it passes into the ring; when you find that the testis is situated below it, and quite free, and that the spermatic chord is situated along the middle of its posterior part, and can also be pretty freely felt; when you find in such a tumour, that the circumstances exist which I have mentioned as the general symptoms of hernia—namely, that the tumour disappears under pressure, or when the patient is in the horizontal position, and reappears when he is in the erect position, or when the pressure is removed—that it increases on coughing, or when the individual holds his breath, then you may be satisfied that the case is one of inguinal hernia, or bubonocoele.—There are, however, various other complaints attended with swelling, occurring in the same situation, from which it is necessary you should be able to distinguish the tumour formed by an inguinal hernia, and in certain instances the distinction is by no means easy. In the first place, there is hydrocele, the tumour formed by which is, however, generally very different from that of inguinal rupture; there is hardly any probability of confounding the two. Hydrocele commences from below and ascends—a rupture commences above and descends. The surface of a hydrocele is smooth and uniform; the sense of fluctuation, the obvious existence of a fluid, as evidenced by the touch, form an almost complete distinction between the two. The tumour of hydrocele terminates above, and is bounded at the upper part of the testicle, while the tumour of hernia is not so bounded, but is continued into the abdominal ring. There are some instances, however, in which the tumour of hydrocele ascends along the front of the spermatic chord, and even passes into the ring, so that the mere limit of the tumour above is not a sufficient distinction; and, indeed, you will often find it advantageous to do what I recommended to you before—namely, examine the tumour with a candle, when the transparency of the fluid will be immediately perceptible, if it be hydrocele. Varicocoele is a swelling of the spermatic chord, which may be confounded with hernia. The tumour of varicocoele is made up by the enlargement of a congeries of vessels, or distended and enlarged veins, but the feeling of this to the fingers when it exists is so peculiar, that it hardly admits of being confounded with hernia. There is, however, this confusion between the two, that a varicocoele like a hernia recedes in a great measure when the patient lies down, because the veins then become empty, and the tumour returns when the patient is erect; but, on the one hand, the tumour will not return on coughing, so long as the patient is recumbent; and, on the other, it will be reproduced when he stands up, even though the abdominal ring be closed with the fingers; the difference, however, of feeling between the two is sufficient to enable you to distinguish them. You should also be aware of the irregularities that take place in the descent of the testicles. The tumour thus produced might be mistaken for a hernia, because it is sometimes attended with pain; you should therefore examine the scrotum carefully, in order to ascertain whether both testes have descended or not. An encysted tumour of the sper-

matic chord might be confounded with hernia; it is however very rare, and is so distinct that it hardly admits of being confounded with a hernial tumour.

THE ANATOMY ACT.

LETTER VI.

TO THE RIGHT HON. LORD MELBOURNE.

MY LORD,—In continuation of my remarks upon the official inspection, I will give two more instances from documents, now before me, of its operation. First, upon the authority of a high officer at one of the largest metropolitan hospitals.

A student at the school of anatomy attached to that hospital was detected, through information given by a servant of the dissecting-room, in the act of purloining part of a subject from the said school; the fact was reported to the inspector, and the student was not again suffered to dissect at that school. Now, my Lord, permit me to draw your Lordship's attention to the 18th clause of the Anatomy Act, which states "that any person offending against the provisions of this Act, in England or Ireland, shall be deemed and taken to be guilty of a misdemeanour," &c. &c. If the student referred to were an offender against the provisions of the Anatomy Act, upon what authority was the offence compromised? The Act gives no such power to any party. If, on the other hand, the student had committed no offence against the Act, why was the matter brought under notice, and why was the student subsequently dismissed the school? It appears, my Lord, that the student was not punished according to law. Had he possessed either influence or spirit he might have set the authorities at defiance, as other persons connected with schools of anatomy do. I have seen, and so have hundreds of persons besides myself, human bodies applied for purposes not allowed by the Act. I have seen, in a mass, many hundred-weights of human remains undulating with putrefaction in a dissecting school; and I have seen one person who, as reported, gave the information which caused the dismissal of the student above referred to, selling human bones within the walls of the dissecting-room. Now, my Lord, permit me to solicit your Lordship's attention to the second document, being a letter which I have just received from a private teacher of anatomy, which explains, in better terms than I can do, the manner in which inspection is conducted towards private teachers, who may be considered as rivals to the favoured University College. The tyrannical conduct towards private teachers is hinted at, and forms a striking contrast to the extreme suavity of manners indulged in towards the favourite school, University College. Tyranny, my Lord, is not however always courageous when met with spirit; hence, we find after all, nothing was gained out of the teacher, whose name, my Lord, if you want, no doubt the inspector will supply.

Sabbath days, my Lord, and the feasts of the Church are no longer to be kept holy, but are to be made days for the conveyance of dissecting-room subjects. There is another fact, my Lord, let out in the teacher's letter, and it is an important one, which I wish particularly to call your Lordship's attention to; and also that of the Poor-law Commissioners. My Lord, the Legislature were particularly careful to enact that all the parts of the body should be buried, but now we find that before the corpses leave the workhouse they have their brains and bowels taken out; whether the viscera removed from these corpses be sold or thrown into the common sewer my informant does not say.

Your Lordship will find the teacher's letter interesting:—

"Dec. 12, 1840.

"DEAR SIR,—In reply to the inquiries which you have addressed to me, I beg to state for your information the following facts:—

"On the 23rd of November last, Dr. Somerville entered my house, and without giving me any notice of his arrival, ordered my manservant to procure him a light. Before giving him the light, the servant thought it prudent to inform me that Dr. Somerville was in the house, and that he had demanded a candle, and to ask me whether he was to give it to him. I told him by all means, and immediately went down with a house-pupil to meet Dr. S.

"His object for obtaining a candle was, it appeared, for the purpose of examining a closet adjoining the dissecting-room, the door of which was then, and is now, always kept unlocked and open, the interior of which, I think, every person must unavoidably see upon entering the dissecting-room. He found in this closet some bones, every one of which were in my possession previously to the framing and passing of the Anatomy Act.

"He also saw in my dissecting-room a section of the head and neck of the person last dissected, which was retained by me for the purpose of demonstration, and more particularly on account of its having been peculiarly well injected and dissected. It must be understood that this was exposed to the view of all parties entering the dissecting-room, and not in the least degree secreted, and that I always court inspection as to the propriety with which things are conducted in my medical school.

"In consequence of my understanding from the bearing of Dr. Somerville's conduct at the time above alluded to, that he intended to report the case to the Home-office, I explained to him the length of time the bones had been in my possession, and the grounds upon which I had detained the *post-mortem* relic, a thing commonly done in every school, as proved if only by the prize dissections. Upon his departing, he asked my servant man his name. Since then I have heard no more.

"Just previously to this occurrence I had received the following note from Dr. Somerville, and was, when he entered my house, writing my answer to it—copies of both of which I enclose.

"4, Bedford-street, Nov. 19, 1840.

"SIR,—I think it right to inform you, that from your having on several occasions declined to receive bodies sent to your school, I shall not send you any until you have made me acquainted with your wants. I have made this intimation to you from the fact of your not having applied for a second body this season, which I presume is owing to your not requiring it.—I am, Sir, your obedient servant,

JAMES SOMERVILLE."

(MY ANSWER.)

"Nov. 23, 1840.

"SIR,—I acknowledge the honour of receiving your curious note of the 19th inst., and in answer to your statement that *I had on several occasions declined to receive bodies brought to my school*, I beg to observe,

"1st. It is a fact that I lately demurred receiving a subject on a Sunday at half-past nine at night, and that without the least previous notice of its coming; but which, however, I consented to take in, owing to my class having been distressed for dissection, conjoining my so doing at the same time with the observation to the undertaker that Sunday was an improper day for its delivery, and that I would not be answerable for one being received again on a Sunday, as generally on that day both teachers and dissecting-room porters are absent from the dissecting-room.

"2dly. I once refused one which was partially

eviscerated—head, thorax, abdomen, and pelvis; but several so eviscerated have I received (which can be attested by others at any necessary occasion) and some of them had been refused at other schools.

"3dly. I refused one at the commencement of one of the regular vacations between the courses; but, Sir, combine with this the fact, and it must be in your remembrance as well as my own, that on July 30, 1839, I received a body, and on the 10th of the following August another, after my summer course was concluded, and my pupils had been fruitlessly waiting several weeks for dissection. I did so merely because you should not justifiably exercise the plea which you now make. They were dissected by two of my house-pupils.

"Lastly, Sir, I request that you will not again intrude subjects on Christmas Eve, at the commencement of the Christmas vacation, as a Christmas present.

"I wrote the above this morning, before you called upon me, and found a section of a skull and cervical portions of the spine, also a few bones, which I can prove I had previously to the Anatomy Act. They shall, hereafter, be placed in the most conspicuous part of my lecture-room for examination. I have no objection to an inquiry, either as to your conduct or mine, but it shall be a public one, and I will produce my witnesses.—Your obedient Servant."

"I know the individual who instigated Dr. Somerville to make this pretended search, and have documents to prove his character. More shall be revealed hereafter. Provided the use of a thoroughly good antiseptic were established, one-fourth the number of bodies now dissected would suffice, and summer dissections would then necessarily be recognised by the medical corporations—a thing which the heads and proprietors of public schools dread, because the teachers connected with them would be obliged to work during the summer, and it would give to the private schools the chance of a fair competition. Be assured that truth and justice will bear you out, in defiance of the machinations of all wicked men.—Yours very obediently,

"A PRIVATE ANATOMICAL TEACHER."

I think, my Lord, that the evidence already furnished to your Lordship irresistibly proves that the inspection, for which the public pay above £800 per annum, affords no security for the legal operation of the Anatomy Act.

Want of space obliges me to stop here until next week.—I have the honour to remain, my Lord, your most obedient humble servant,

W. ROBERTS.

6, Old Fish Street, Dec. 13, 1840.

SPIRIT OF THE MEDICAL PRESS.

POPLITEAL ANEURISM.

JOHN LOCKIE, aged twenty-nine, a shop-keeper in Edinburgh, was admitted on the 17th of April, 1840, on account of a large pulsating tumour occupying the ham and calf of the right leg. There was considerable œdematous swelling of the limb from the knee downwards, and over the shin bone there were some dark-coloured spots, which had been produced by the pressure of a carefully applied flannel bandage, thus denoting a great degree of weakness in the part. The patient stated, that, about a month before admission, while walking down to Leith, he had strained the knee, and, in consequence, almost immediately afterwards perceived a beating tumour in the ham.—The artery was tied on the 30th of April, and though no unpleasant symptom followed, the swelling was slow in undergoing absorption; so that when he was dismissed on the 3rd of June, there still remained some enlargement of the limb. He nevertheless

was able to resume his employment, and perform a full share of active duty; but about a fortnight ago observed a swelling in the calf of the leg, which has since opened spontaneously, and discharged a large quantity of matter, mixed with coagulated blood—no doubt the remains of the extensive effusion which existed previously to the ligature of the vessel.

This case appeared rather unfavourable, from the large size and sudden extension of the swelling; and the recovery was accordingly much slower than usual, though ultimately effected. It has been a question whether an early or advanced stage of the disease is more favourable for success—the undilated state of the anastomosing vessels being considered adverse in the former, and the quantity of extravasated blood an obstacle in the latter. From all that has fallen within my own observation, I should have no hesitation in preferring to operate at an early period, having never witnessed in my own practice the slightest unpleasant symptom of defective circulation, however small and recent the tumour might be.

Of all the operations performed for aneurism, ligature of the femoral artery is, I believe, justly regarded the easiest, either on the dead subject or on the living body, and yet the bad consequences which attend it are distinguished by their severity as well as frequency. For my own part I have been fortunate, having tied the vessel seven times for aneurism with success. But within the period of doing so, I am not aware of any case that has terminated favourably in this city, while I have either seen or heard of four that ended badly, viz., one by inflammation of the vein, one by mortification, one by hæmorrhage, and one by amputation. It is usual to attribute untoward occurrences to some peculiarity in the constitution of the part or patient; and there can be little doubt that varieties of this kind may have some influence over the result. But I feel quite sure that attention to some minute points in performing the operation, has a much larger share in determining whether it shall be favourable or unfavourable.

It is established that the great sources of danger from the ligature of large arteries, are undue laceration and separation of the connections of the vessel, whence hæmorrhage is apt to ensue; and injury to the coats of the veins, which is apt to occasion inflammation, and an obstructing coagulation, causing mortification of the limb. The subclavian artery, when tied at the external edge of the *scalenus*, lies at some distance from the vein, and neither the carotid nor the external iliac artery, adheres so intimately to its accompanying venous trunk, as to render it at all difficult or dangerous to pass the needle. But the femoral artery has a closer connexion with the vein, and though it is felt by the operator's finger, after the fascia has been opened, round and distinct, and as if insulated from the surrounding parts, except by the loosest connexions, any attempt to pass the ligature, without further dissection, either proves abortive, or if executed by force, exposes the patient to the greatest danger. I have seen a gush of dark-coloured blood proclaim transfixion of the vein; I have seen on dissection a portion of this vessel included in the ligature; and I have also seen the external coat alone grazed, as it were, by the needle, but nevertheless excited to fatal inflammation. If, on the other hand, this danger be avoided by using blunt instruments, or the finger, to detach the artery from its connexions, the patient is exposed to the hardly less disastrous consequence of hæmorrhage, through ulceration or sloughing of the vessel.

To tie the femoral artery safely, the surgeon should be impressed with the conviction that

the operation is one not of difficulty, but of great nicety. He should make an incision between two and a half and three inches long in the proper situation, cut through the fascia to a smaller extent, and expose the sheath of the vessels. So far he can hardly do wrong; but then, instead of hastening to pass his needle, he should, by ligature, or the temporary application of spring forceps, close every little vessel that discharges enough of blood to obscure distinct vision of the object he has in view. Let him now seize the sheath with dissecting forceps, and gently raising it, make a small opening by means of a straight narrow sharp-pointed knife. The cellular and fatty substances which envelop the vessels in variable quantity, are next to be elevated and divided in successive portions, until the external coat of the artery appears quite distinct and white, when the needle may be passed without the slightest difficulty or danger. I am quite aware that instructions to the same effect are contained in the common books of surgery; but believing, for the reasons above stated, that sufficient attention in practice is not bestowed on the point concerned, I think it right thus seriously, and diffusely as it may seem, to repeat and enforce these directions.—*Observations by Professor Syme.—Edinburgh Monthly Journal.*

ON THE USE OF ERGOT OF RYE.

THE *Secale Cornutum*, or ergot of rye, was first used by a German, (Camerarius,) in the year 1668. It was deemed so deleterious by the French, in 1774, as to be proscribed by a legislative act, but it has of late attracted the notice of physicians, as possessing certain specific powers over the uterus, "more certain than tartrate of antimony upon the stomach, or jalap upon the intestines." The ergot may be advantageously given, under the following circumstances:—

"1. When, in lingering labours, the child has descended into the pelvis, the parts dilated and relaxed, the pains having ceased, or being too ineffectual to advance the labour, there is danger to be apprehended from delay, by exhaustion of strength and vital energy, from hæmorrhage, or other alarming symptoms.—2. When the pains are transferred from the uterus to other parts of the body, or to the whole muscular system, producing puerperal convulsions.—3. When in the early stages of pregnancy, abortion becomes inevitable, accompanied with profuse hæmorrhage and feeble uterine contractions.—4. When the placenta is retained from a deficiency of contraction. 5. When patients are liable to hæmorrhage immediately after delivery. In such cases the ergot may be given as a preventive, a few minutes before the termination of the labour.—6. When hæmorrhage or lochial discharges are too profuse immediately after delivery, and the uterus continues dilated and relaxed, without any ability to contract."

On the other hand,

"1. It should never be administered when nature is competent to a safe delivery.—2. It should never be administered until the regular pains are ceasing, and are ineffectual, and there is danger to be apprehended from delay.—3. It should never be administered until the rigidity of the os uteri has subsided, and a perfect relaxation induced.—4. It should never be administered in any case of preternatural presentation that will require the fœtus to be turned."

Under the precautions which are here quoted, the efficacy of the ergot is very striking; being followed, in from five to twenty minutes after its exhibition, by a bearing-down

effort, which gradually increases, and goes on, without any intermission, till the delivery be completed. It is this uninterrupted action of the uterus which renders the remedy so improper when the presentation is unfavourable, as any attempt to turn the child must, of necessity, prove abortive, and even dangerous.—Twenty or thirty grains, infused in water, generally answers better than a larger dose, as it does not affect the stomach with nausea or vomiting. When it does this, it may be exhibited in combination with ammonia, and repeated until three doses have been given.—*Conquest's Outlines of Midwifery.*

THE MEDICAL TIMES.

HOUSE OF COMMONS.

Monday, March 22, 1841.

IN a short conversation upon the Medical Reform Bill, MR. HAWES stated that it was not his intention to bring forward his Bill tomorrow. He would take an early opportunity of stating what course he should pursue.

Whilst we look at the present truly degraded and demoralized state of the profession—the ill-concerted measures of some of the professed medical reformers, who, by their selfish manoeuvrings, have obtained too much influence over the minds of the medical public—the unaccountable apathy which exists amongst too many of our medical brethren, who, nevertheless, really wish well to mankind—the palpable impossibility of carrying the one faculty question (a fact well known to Messrs. Warburton, Wakley, and Hawes),—we must say that our mind, owing to these circumstances, is filled with most mistrustful forebodings, and that things as they at present exist augur very badly for the profession and for the public.

Our correspondent, in this week's Journal, under the signature of "Probe," (although we agree with him on the main points contained in his excellent letter), is wrong in lauding the exertions of the medical profession. We, on the other hand, blame the bulk of the profession for their unaccountable inactivity, when the future fate of themselves, their families, and the lives of thousands and millions of our fellow-beings, are solely depending upon their present movements.

Unless the medical profession bestir themselves more, much more, than they have yet done, unless they think and act vigorously and promptly for themselves, they will more than ever be a prey to designing tricksters, interestedly wearing the mask of friendship.

Mr. Hawes's "one faculty" bill will, and must, fall to the ground, from the causes which we have already pointed out in past numbers of our journal—the attempt in itself is a perfect farce. Mr. Wakley is a first-rate manoeuvrer in the peculiar sphere which he has adopted, and whilst he humbugs the public with short inflammatory harangues respecting general topics, he will fall back quietly and contentedly upon Mr. Warburton's bill, which is merely a bill for expensive registration.

The upshot of the matter will be, the introduction and the carrying of Mr. Warburton's Bill, modified and probably rendered still worse than it is at present, by amendments which shall be made as it slowly progresses through the two Houses of Parliament; so that at the

termination of the session, the members of the profession will have the gratification of finding themselves (owing to their present listlessness) most egregiously taxed for registration without their realizing an equivalent professional advantage in any shape or form whatever, and without obtaining their franchise as to their right of voting, touching the constitution of their governing bodies.

Who, we ask, will take the trouble of looking to the register?—The public? Certainly not. Of what use will the registration be to the profession? None! Of what use to a particular clique? Why, it will afford to them some snug appointments, bestow upon them influence, and the capability of exercising their power with petty tyranny, dishonesty, and partiality. Possibly under the umbrage of a jobbing government. At whose expense? The members of the profession.

Some of our professional brethren, however talented (for talent does not reap its reward), are barely able, without this proposed extra tax, to obtain for themselves and families a precarious living, in consequence of that hydra-headed monster, which, whilst it consumes the vitals of the profession, systematically and morally depraves it—*Private Patronage.*

Thus, then, will the profession stand at the termination of the present parliamentary session, unless our professional brethren bethink and bestir themselves.

HUMBUC OF THE BRITISH MEDICAL ASSOCIATION.

To the Editor of the 'Medical Times.'

SIR,—The question of Medical Reform has from time to time, in a popular form, been brought before your readers from a natural desire to improve the condition of a noble, useful, and indispensable profession, so intimately connected with the interests, welfare, and happiness of the people. You have advised, as well as forewarned, members of the profession who took a prominent part in promoting its reform, and attaining those objects to which they are justly entitled, and upon which will depend its future dignity and respectability, of the consequences of *not pursuing a straight-forward course of action.* Your anticipations as well as your predictions have been verified. The absurdity of the Council of the British Medical Association making its proceedings secret and sacred, of excluding even their own members, if not on the Council, from its deliberations, have been attended with the effects which you prophesied twelve months ago—intrigue, manoeuvre, envy, jealousy, and uncharitableness, have prevailed in their private meetings, combined with feelings of inglorious private rivalry, engendering division and ill-will, which have split the Council into sections. The wholesome light of open discussion, the salutary restraint of public or rather general meetings of its members, do not exist in the "British Medical Association." Talent, independence, bold and manly advocacy of the wants and wishes of the profession have been superseded by wile and diplomacy. Those who exerted themselves for the dignity and interest of the profession—who have justly suspected that others were only labouring for situation and emolument, and that they were patriots for place and nothing more, prominently pushing themselves forward before the public eye, and making up for "lack of brains by pains" for capability, by industry—those men, Sir, who were thus the wholesome augurs in the profession, were out-voted by a clique, who always hung together, and thereby neutralized and often defeated the efforts of the more disinterested; on every meeting and deputation these individuals pushed each other forward to the

exclusion even of the Honorary Secretary, who kept aloof from the cabal; who was, to use their own term, like some others—an unmanageable man. When the delegates were to be elected, the same party mustered upon a night of which no official notice was given by the secretary according to the rules, when, as a matter of course, they managed matters their own way, and contrary to their own laws, proceeded to *elect each other.* These self-elected delegates, who had not a shade of a chance of being elected if there had been a full meeting of the council, evaded the danger of rejection by this manoeuvre, and by deferring the question on two occasions, when some of the members accidentally present, were certain of selecting more efficient men. These self-elected delegates met the delegates from the Provincial Medical Association, men of acknowledged ability, men of professional reputation, men whose labours have advanced and done honour to medicine, and who represent 14,000 members. The first step of the self-elected, was to make their conference secret and sacred; the next step was to foist upon them a bill ready cut and dried—and the British Medical Association having six delegates, although its numbers are not 200, with two or three friends of the same way of thinking, conveniently elected in the same manner by Scotch Associations, their object was carried as a matter of course. *Whereupon, Drs. Macartney, Green, Forbes, and all the spirited men amongst the delegates retired in disgust.* This was a blow for which they were not prepared, from which they never recovered. The conference then turned out a farce and a failure; the men who worked so hard, and so fondly fancied that the term delegate would "gild their humble names," found that the profession paid no attention to the pretensions, never recognised them as their representatives. The Bill for the profession which they prepared, and for which they sacrificed Hawes' Bill, was burked, "died just as it saw the light." The prospects of the profession became cloudy and unpromising, the prospect of place more distant and uncheering, and some of them have retired from the council in utter hopelessness of making anything by their agitation. By this brief detail, it may be perceived that you may lay claim to the character of a prophet.

From this body I never expected anything. There are three or four good men amongst them who ought to retire, if their proceedings are not made public. The cause may be retarded by the inability of those men to fulfil the mission which they assumed, but in the general body of the profession there are such wholesome symptoms of earnestness and determination in favour of Reform, that we have no fears for the ultimate result—registration, uniformity of education, and equality of privilege, as well as the representation, will be conceded. The united voice of the profession has spoken out, and cannot be disregarded. Let every member depend upon his own individual exertions—let him feel that the battle is to be decided by himself; let him petition—put no faith in men who are always puffing themselves off; to them say—

"Frontis nulla fides!"

In another number, I will give you, Sir, a history of their more recent manoeuvrings. The Irish, the Scotch, and the intermediate waiters upon providence, the followers of Warburton, of Hawes, and of Wakley—with reflections upon the one faculty, and the resolutions lately carried by the Association that the Councillors of the British Medical Association should be Councillors and Examiners under the one faculty law!!

"THE PROBE."

POISONING BY TARTAR EMETIC.

WE have extracted the following from the 'Liverpool Albion' of January 25th, 1841, as forwarded to us by a respectable correspondent. He observes—"This is not the first time, by many, that this kind of infanticide by tartar emetic has happened. It is an imperative rule never to administer it to infants as an emetic. About thirty years ago, Dr. Stone, of Greenwich, wrote a book on Stomach Diseases, in which he gave a case of INFANTICIDE BY TARTAR EMETIC. We remember an odd incident happened in the early years of our apprenticeship to ourselves, at a fashionable marine watering-place, and at a very high surgeon-apothecaries' establishment. We made up an emetic for a lady's infant, and the child died next morning *without puking*. It had happened unfortunately that a bottle of simple powder of ipecacuan, a second of tartar emetic and ipecacuan, and a third of Dover's powder, pulv. ipecac. co., stood together. An unpleasant impression followed this awful incident, and we looked at the bottles, but could not recollect, try back how we would, that we had used the wrong bottle, but for safety we separated them. The principal came in, looked at the position of the bottles, walked away, and never alluded to the subject, though a suspicious, austere, and morose man. From that hour I never kept these bottles together; but I was then an inexperienced apprentice, affected with Klopstock's melancholy commotion of body and mind at puberty, the irritable and depressing feelings of which, at intervals, produced absence and abstraction of mind."—To cause death by mistake is a shocking thing, though not uncommon for young apprentices and raw assistants. I have known another instance of a gentleman in the law, a patient of mine, who was nearly poisoned by a phial of liq. ammon. *fortissimi*, made up in a state of excitement and talk by a youth.

"DEATH OF A CHILD AFTER THE ADMINISTRATION OF MEDICINE.—On Saturday week, William James Arnold, an infant, five months old, son of Mr. Arnold, of Robinson's place, Grafton-street, died under the following circumstances:—The deceased was afflicted with whooping-cough, and Mr. Bainbrigge, one of the surgeons of the Ladies' Charity, who was attending a female at Mr. Arnold's house, was consulted. He wrote two prescriptions, one of which was antimonial wine, which was to be administered in the quantity of half a teaspoonful every twenty minutes until the child was sick, and the other, a mixture composed of carbonate of soda one scruple, extract of belladonna six grains, ipecacuanha wine one drachm, mucilage six drachms, and barley-water one ounce, of which a teaspoonful was to be administered every sixth hour. Mrs. Arnold gave the baby two doses of the antimonial wine on Friday morning, and about ten o'clock the same night a teaspoonful of the belladonna mixture. Immediately after taking the latter the child commenced screaming, and continued doing so till five o'clock on the following morning, when he was seized with a succession of violent fits, which continued till eight o'clock, when he died.—An inquest was held to inquire into the causes of the child's death, on Tuesday last, and, by adjournment, on Thursday. Mr. Bainbrigge, who had made a *post-mortem* examination of the body, stated, that the deceased had died of inflammation of the stomach, which he seemed to be of opinion had been produced by some portion of the oxide of antimony having adhered to the coat thereof. Dr. Brett, professor of chemistry, who had made an analy-

sis of the mixtures, found a small quantity of oxide of antimony in the antimonial wine, but was of opinion, that the medicine, in the state in which he received it, would not be more injurious than the tartar emetic. He thought it possible, that belladonna might produce such patches of inflammation as had been described in the stomach. The jury returned a verdict of 'Chance Medley.'"

ON THE NATURE AND IMPORTANCE OF VACCINATION.

More particularly addressed to Non Professional Readers.

THE melancholy accounts recorded on the page of authentic history of the dreadful mortality from Small-pox, prove it to be one of the greatest scourges to which mankind is exposed.

The establishment of this disease in this country appears to have taken place at the close of the ninth century; and notwithstanding the spirited and praiseworthy attempts which have been made by the friends of science, in different ages, and in various countries, to erase it from the long catalogue of diseases, it is a lamentable fact, which admits of no contradiction, that not only has its baneful influence for the period of 900 years affected thousands of the population in this kingdom, but that it still remains, and is continually manifesting itself in some district or other in its most malignant form.

Painful, indeed, is it to contemplate the ravages which small-pox has made throughout the more densely inhabited parts of this empire. Desolation and death have followed in its train—both old and young, the parent and the child, alike have fallen victims to its pestilential influence; and in innumerable instances where it has not deprived the helpless patient of his life, he survives but as a scathed monument of its deforming properties.

The magnitude of the affliction brought upon a person, a family, or nation, by the disease of small-pox, is the just standard of the value of that blessing which shall render the human body insusceptible of its influence, and secure from its power.

The name of JENNER cannot but be associated with the best feelings of our nature. His important discoveries connected with vaccination shed an illustrious halo around his tomb, and the obligations under which this nation in particular lies for the benefits it has derived from his labours, can neither be expressed nor conceived. "His name will never be forgotten, and he will for ever remain dear to the human race."—His attention appears to have been directed to this subject during his pupilage with Mr. Ludlow, of Sodbury, near Bristol. A young woman applying for advice, the subject of small-pox was mentioned, upon which she observed, "I cannot take that disease, for I have had the cow-pock."

The first successful case of vaccination by Dr. Jenner was made on May 14th, 1796. The operation was performed upon a boy about eight years of age, and the disorder ran through its regular stages. In the following July he was inoculated with the matter of small-pox, but no disease followed.

It is superfluous to enter into a minute description of the remedy provided for the prevention of small-pox, since so much has already been submitted to the notice of the public; but as the frequent failure of vaccination has given rise to a deep-rooted prejudice in the minds of some, since adverse arguments, for the mere sake of argument, have been pursued by others, and thus the use, and consequently the benefit of vaccination having been of late con-

siderably curtailed, it is thought advisable to recall the attention of a discerning public to this important subject, by offering a few unassuming remarks upon this eminently useful operation.

The design of introducing vaccine matter into the human body is to render the system secure from the contagion of small-pox. Vaccination is the substitution of a disease (if indeed we may call it by that name), mild in its nature and consequences, for one which assumes the most malignant and distressing of characters. Innumerable are the cases on record in which it has proved decidedly successful. Men of science have, from the time of Dr. Jenner, been continually bearing testimony to its efficacy; the faculty of medicine are daily urging its use, yet still it has to encounter a prejudicial and unreasonable opposition.

Of all the objections against vaccination, that derived from its occasional failure is perhaps the most weighty. Indeed, when we call to mind the many circumstances which require attention at the time of vaccination, and remember that the simplicity of the operation has led many to undertake it who have been totally ignorant of the condition of the system, and of the healthy appearances of a vaccine pustule, it is not surprising that failure should frequently have resulted. There can be no injustice in the remark, that the medical practitioner alone can, with safety, be consulted in cases for vaccination, the importance of which to the future welfare of the patient scarcely needs to be enforced. The healthy or diseased state of the system can be more accurately ascertained by him whose life is devoted to medical research, and who, in proportion to the confidence reposed in him, feels above others his responsibility, and an obligation to summon all available skill and attention in whatever case he may be employed.

It appears that Dr. Jenner had made himself perfectly acquainted with the utility of vaccination some time previous to that of his making it known to the public. This delay arose from the fact of his having observed that the operation of vaccination, as a preventive to small-pox, was uncertain in some cases. He ascertained, that "when the cow-pock prevailed in a farm, some of the persons who contracted it by milking, were rendered insusceptible of small-pox, while others continued liable to that infection." That this arose from the matter having been applied to the one in an active or fresh state, and to the other, after it had undergone a decomposition; and it has been presumed, that had not Dr. Jenner himself discovered the important fact, that the genuineness or freshness of the matter was a great desideratum, the public would never have adopted vaccination into general use.

It has been fully and satisfactorily ascertained by the highest authorities, and proved by almost innumerable cases, that when recent vaccine lymph has been employed, the person in perfect health, and the operation rightly performed, that the system has withstood every attack of small-pox, in whatever form it has been applied.

Peculiarity of constitution has rendered some persons altogether insusceptible to the influence of vaccine matter. A lady with whom I am acquainted has had this operation performed upwards of sixteen times without effect, and although she has been frequently exposed to small-pox contagion, it has never in the slightest degree affected her. Many instances similar to this are on record, the peculiarities of which induce me to believe, that a constitution resisting the influence of vaccine

virus, may likewise escape from an attack of the epidemical fever small-pox. I think it not superfluous to state, that there is in London an institution called the "National Vaccine Establishment," from which every medical practitioner can obtain the genuine vaccine matter. This valuable institution is under the control of Government, and the Board appointed to regulate its proceedings, is constituted of the highest medical authorities; viz., the president and senior censor of the Royal College of Physicians, and the president of the Royal College of Surgeons.

This establishment has certainly been eminently useful to this country, in the preservation of life and the prevention of this virulent disease. Every communication to the Vaccine Establishment is made through the Secretary of State for the Home Department, and every precaution is taken by the officers attached to it to prevent the use of decomposed and inert vaccine matter, and to furnish the medical profession with only fresh and genuine lymph.

In order to ensure success from vaccination, every counteracting cause must be carefully regarded. The child should be in a state of perfect health—for a system free from disease can alone be considered favourable for the operation. The slightest indisposition has been found to produce untoward results. In some cases the derangement of health is so obscure as to escape observation, and vaccination has been repeated the third time, before a pustule has made its appearance. This has given rise to many prejudices and false opinions respecting the efficacy of artificial cow-pock, and many children have been thus deprived of the benefits of vaccination by the refusal of their mistaken parents to allow a second performance of the operation, and who may now be churchyard monuments of the fatality of small-pox.

According to the views of the Board of the NATIONAL VACCINE INSTITUTION, children should be vaccinated at six weeks old; if, however, they are delicate, or suffering from disease, it may be prudent to defer the operation for a month or two; but, during the prevalence of *variolous* infection, "that is, small-pox," all persons who are susceptible of contracting it (even infants a few days after birth) should be vaccinated.

It is only in a certain stage of a vaccine pustule, that the matter contained in it is capable of imparting to the constitution of an individual to be vaccinated therewith its protecting power. If taken at an improper period, either too soon or too late, (notwithstanding that it may excite a local disease, namely, a pustule on the arm, where the incision has been made,) it is found to be inefficient in rendering the system proof against small-pox contagion.

The process of teething not unfrequently has been the cause, either of total failure or the appearance of an irregular and unhealthy pustule; for let it be observed, that the formation of a vaccine vesicle cannot always be considered as the safeguard against small-pox. It may be the genuine pustule, or it may not. The medical attendant, however, is able to distinguish between the two; it is not, therefore, a matter of much moment to the parent, and I make the remark solely for the purpose of guarding against the false confidence to which, in some cases, an irregular pustule has given rise; and likewise to enforce the argument for vaccination by exposing an error which forms the foundation of many of the objections urged by its opponents. The excessive constitutional irritation which is so frequently observed to be an attendant on teething, is evidently an impediment to the proper action of vaccine matter upon the system, and though the irrita-

tion be ever so little, the operation ought to be deferred.

Another cause of prevention is that of an unhealthy state of the skin. Probably no part of the body during childhood is more subject to disease than that of its external covering. The least derangement of the digestive organs is frequently attended by eruptions on the skin; cold air, and many other circumstances which it is unnecessary to enumerate, produce, either primarily or secondarily, an unhealthy state of surface. In some cases the vesicle on the arm is rubbed by the child, or gets injured by accident before it runs through its regular course. There exist other causes of occasional failure in vaccination which, however, it is unnecessary in this place to investigate; and all that further requires to be stated is, that in order to ensure the permanent good effects resulting from the practice of vaccination, parents should see that the operation be performed at a time when their children are in perfect health, and by a competent person. "The true test of the constitution being affected, is the regular process of the vesicle."

(To be continued.)

THE CONFESSIONS OF JASPER BUDDLE, DISSECTING-ROOM PORTER.

CHAPTER XIX.—THE LAST NIGHT IN ENGLAND.

As soon as the last-named couple of heroes had concluded their contest, during which the negro was apparently completely at the mercy of his opponent, another storm of penny-pieces rattled on the platform, and the band commenced indulging in some more performances, of the same nature with those that have been already mentioned. At length, after waiting some time, it was apparent that there was a screw loose in the programme of the evening's entertainments. The stamps and clatterings of impatience grew into hisses and yells of displeasure, and although the band began to play an Adelphi overture, for the fourth time, (a clever piece of composition, having neither beginning nor end, and therefore admirably adapted to carry on time), yet the notes of disapprobation increased, in spite of all the orchestral efforts to drown them. From certain names which were vociferated from time to time, it appeared that two pugilists, who were advertised to spar, had not yet arrived, nor was any satisfactory account given for their non-appearance. Two or three of those who had already exhibited, came on the platform and endeavoured to address the assembly, but with about as much effect as if they had been the unpopular candidates at a Westminster nomination. The tumult was pleasingly varied, and at the same time increased by the two-shilling spectators, who having shut the doors of the dressing-boxes, had perched themselves on the top, half in and half out of those little cupboards, and were now amusing themselves by drumming lustily with their heels against the panels.

"I think we had better cut this," said Okes; "there will be a shindy directly amongst the audience, and I should not like to get into a scrape to-night. Have you seen enough of it, Whippy?"

"I'm perfectly satisfied, I assure you," returned his friend; "but what shall we do next—it is not much past eleven?"

"It's too late to go to the theatres, and too early for any of the night-houses. Let us be on the move, and see what we can put up."

"Only keep as quiet as you can," said Okes; "at least Whipples can do as he likes—it's no great matter if he gets locked up to-night."

"I'd rather not if it's all the same," replied Whipples, whose reminiscences of the evening he passed in the lock-up cells of Bow-street were not of the most agreeable order.

And linking their arms together as they walked abreast along the footpath, after the most approved method of young gentlemen about town, they left it for chance to decide what they should amuse themselves with next.

Of course, a pot of half-and-half at the first "establishment" was the preliminary proceeding; for what medical student ever thought of enjoying himself, in the slightest degree, without previously solacing his chylo-poietic viscera with a draught of the precious liquid? Well, well! perhaps there is no very great harm in the propensity, after all. The atmosphere of the dissecting-room requires some little generosity of living to counteract its rather impure particles; and if they must drink, although even I, Jasper Buddle, do not see the actual necessity—why, perhaps good beer is the greatest stimulant they can indulge in; at all events it is better than spirits, and decidedly cheaper than wine, another by no means unimportant attraction.

They wandered on, retracing their former course in a great measure, until they once more crossed the river and arrived at the Strand. The lamp of a billiard-table here attracted them, and finding they could have a private room, they commenced playing a game of poole. This occupied them for another hour or two, and probably they would have waited still longer, had not a sudden accident obliged them to retreat. Whipples, who was the inferior player of the three, became rather desperate, and with the intention of making one grand stroke to recover his losses, hit the ball so violently, that he not only sent it over the cushion, but right through one of the panes of the window into the street below; at the same time, the end of the cue produced a right-angled incision in the cloth of the table.

A few moments of stupefied amazement succeeded to this feat. Mr. Whipples was the first to break silence.

"I could'nt have done that if I had wanted to," said he.

"Then why the devil did you do it now?" asked Swubs.

"That's just what I should like to know myself," replied his companion. "What shall we do?"

"Cut," was the emphatic monosyllable of Mr. Okes.

"But we must pay before we go, and the marker will see it," observed Whipples.

"Leave all that to me," returned Okes, "and do as I tell you."

Whereupon this worthy gentleman directed Swubs to stand before the window when the marker should appear, in order that the fractured pane might be concealed. He next took the red ball and placed it carefully on the tear of the cloth, by which the ruptured corner was kept down, and the laceration barely visible in the shadow of the ball.

"And now," added he, "take all the cues and put them up in their places."

"What for?" asked Swubs.

"Because if there is one lying about, the marker is sure to take it up, and try to cannon with the balls upon the table. They always do—their weakness."

These directions being implicitly obeyed Okes rang the bell and summoned the marker while Swubs took his place before the window, and Whipples hid the long cue and the jigger under the benches.

"What's to pay, marker?" asked Okes, as the man appeared.

"Two hours—five shillings, Sir," was the answer.

Okes threw down half-a-sovereign on the table. As he expected, the man had no change—markers never have—and he was ordered to go and get it.

"Now's your time," said Okes, as he left the room; "we must not let him come up stairs again, but meet him half-way down."

So the trio descended, and receiving the money from the marker, at the top of the first flight, they gave him sixpence for himself, and then walked off as fast as their right and left inferior extremities could carry them, Mr. Swubs humorously turning out the gas-jet in the passage as he passed—a performance of exquisite drollery.

It was now about half-past one, and they had still a good deal of time upon their hands, before the hour of starting. Finding the excitement and exercise attendant upon their game at billiards had created something of an appetite, Mr. Okes proposed some oysters, upon which Swubs moved as an amendment that the words "and stout" be inserted after the oysters, a motion which was carried unanimously. The door of Knight's Rooms stood invitingly open, and the edible bivalves reposing so orderly in their shallow marble basins, looked temptingly cool and refreshing.

"I don't think we shall do much better than this," said Okes, as he marched audibly up the room to the furthest box, followed by his friends; and having disposed of their hats, sticks, and Macintoshes on the adjacent peg, they gave their orders to a very pretty girl who came to receive them.

"Not bad," said Swubs, with the air of a connoisseur in such matters, as he watched her retiring figure.

"Sooner than break my arm," added Okes, with a malicious wink.—"Do you know who she is, Whippy?"

"No—do you?"

"They say," replied Okes, in a half whisper, "that she is a natural godchild of Lord Byron."

"Oh, come now, Okes," returned Whipples, "stow your chaff; I am not quite such a fool as I was the night we went to the Eagle. You'll be telling me next that the Archbishop of Canterbury generally sups here when he comes out for the night upon a lark."

"So he does," answered the imperturbable Okes. "He's got a key of Lambeth Palace, and they put up a candle and some lucifers for him in the passage."

A large dish of the best natives now diverted their attention into another channel, and the gustatory nerves obtained a temporary predominance over the lingual ones, as the pile of empty shells gradually rose in each of their plates. When they had contrived to swallow about four dozen apiece, washing them down with Guinness' stout, they sent out for hot brandy-and-water, and once more gave themselves up to divers amusing and facetious remarks and performances.

"I'll bet you a shilling you don't hit the gas-lamp with the bell-pull," said Okes to Whipples.

"A shilling I do," was the reply, as Whipples gave the cord a swing, which not only set the bell ringing in the shop as if it was seized with *delirium tremens*, but threatened to break it down altogether. The handle, however, flew round the light, but was not long enough to touch it—it wanted some three or four inches, probably a special defect in its arrangement, on the part of the proprietor.

In the next box to the one in which our party was assembled, there were two men, as chance would have it, who belonged to our school, but whom Okes and his friends never

recognised, being a couple of the most out-and-out muffs that ever entered to the lectures. Okes had perceived them when he first came into the room, and secretly determined to play off some practical joke upon them before he left. An opportunity was not long wanted. In the box beyond this, a very jovial, and somewhat noisy party of gentlemen and ladies had assembled; and these no sooner saw the bell-pull whirling about over our friends' table, than they proceeded to copy the amusement, throwing the rope towards the one Whipples had the charge of, and endeavouring to make the two extremities twist and catch, much to the annoyance of the two potterers, over whose heads the handles were continually flying. These gentlemen, (one of whom my readers is already acquainted with as Mr. Crips, and the other we may call Mr. Tunk), grew exceedingly indignant at the aerial intruders, getting up and down from their seats in a nervous and excited manner, and looking very cross indeed. At last, they both rose, and glanced fiercely over the curtains of the box on each side at the belligerents.

"Oh, you nice little man," said one of the young ladies to Mr. Tunk, as his whiskerless face appeared. "Give me a kiss, there's a dear," and she advanced her face amicably towards him.

"I'll thank you not to take liberties with me," said Tunk, in a severe tone, as he retreated from the proffered salute.

"Don't frighten him, Lizzy," said another of the company, "because perhaps he'll scream out. What time does your mamma send the nurse for you, my love?"

A laugh followed this sally, and Mr. Tunk bobbed down again, in company with Mr. Crips, who had been received by the other party in staring silence; both of them very red and angry.

Okes had now got his cue to act upon. He tied one of the empty bottles to the end of his bell-pull, and swinging it gently about as a signal over their own table.

The other party were not long taking the hint, and the next minute their bell-pull was ornamented with a similar appendage. Okes now began to give a little additional impetus to his contrivance. The others did the same, and after two or three ineffectual swings, the two bottles met violently over the table of the devoted potterers, and with a terrific smash, broke into atoms, covering Crips and Tunk with a shower of bits of glass.

ROCKET.

ON THE OPERATION FOR STUTTERING.

By M. BAUDENS, Surgeon-in-Chief to the Military Hospital of Gros-Cailhou.

M. BAUDENS lately premised the performance of three operations for the cure of stuttering by the following remarks:—

We are indebted for this operation to the celebrated Dieffenbach, from whom I, a month since, received a letter requesting me to repeat it, and stating that its effects are truly surprising. His first operation, I find, was performed at Berlin, January 7th, 1841, on a boy, aged 13.

M. Dieffenbach attributes stuttering to a spasmodic condition of the tongue and of the organs of speech—an opinion which I also have long entertained; and just as we remove the spasmodic condition of the globe of the eye by the division of one of its motor muscles, so M. Dieffenbach thought we might remedy spasmodic contractions of the tongue by a large incision in with loss of substance of its muscles, which would produce an alteration in the innervation of the organ. "As I thought,"

says M. Dieffenbach, "that the derangement in the muscles of the tongue, whence stuttering arises, was due to a dynamic cause, which I considered to consist in a spasmodic condition of the air-passages, more especially situated in the glottis, and thence transmitted to the tongue, to the muscles of the face, and those even of the neck, I naturally concluded that by impressing a change on the innervation of the muscular organs, sharing in this unnatural condition of things, that I would either modify or completely remove the existing fault. The transverse division of the entire muscular structure of the tongue thence seemed a proceeding worthy of trial, indeed as certain of success, as the transverse division of the muscles in numerous spasmodic derangements."

M. Dieffenbach has tried three methods for effecting the total division of the muscles of the tongue, which he classes as follows:—1st. The transverse horizontal section of the root of the tongue.—2nd. The subcutaneous transverse section of the root of the tongue, its mucous membrane being left intact.—3rd. The horizontal section of the root of the tongue, with excision of a triangular portion of the organ engaging its entire breadth and thickness.

The instruments employed by M. Dieffenbach consist of a double hook, a toothed forceps, a straight bistoury, and armed needles with a forceps, for their introduction.—The tongue is drawn forwards by the double hook implanted in its side; and the base of the tongue is grasped between the thumb and index finger of the left-hand, and then the entire thickness of the muscular tissue of the organ is divided from below upwards beyond the fingers.—The anterior lip of the wound is seized with a hook, and three-fourths of an inch of the entire thickness of the tongue is removed in a wedge-shaped piece. Six points of suture unite the wound and prevent hæmorrhage; to effect which last object with more certainty, the needles are passed to the very bottom of the wound.

M. Dieffenbach seems to decidedly prefer this, the third of the above-mentioned operations.

One of the chief advantages recognised by M. Dieffenbach in the operation just described is, that it produces a shortening of the tongue, effected chiefly at the expense of the parts constituting its upper portion, which consequently directs the tip of the organ towards the palatine vault. The subcutaneous mode of operation incurs the danger of an hæmorrhage difficult to command, as here sutures cannot be employed, being inconsistent with the principle of the operation.

In fourteen cases he has removed a triangular portion of the tongue, and in these the stuttering was completely removed.

You will observe, said M. Baudens, that I have particularly drawn your attention to M. Dieffenbach. I, however, but do him justice; and it is not without painful surprise that I have seen the name of this distinguished surgeon passed over in silence by several who have lately brought before the profession in Paris operations for the cure of stuttering; but, nevertheless, to him alone belongs the entire merit of this new operation.

I have well considered M. Dieffenbach's views, and quite coincide in his theory of stuttering. I have attentively examined a considerable number of stutterers, and four principal phenomena have especially attracted my attention, consisting in—1. A slight deviation of the tongue to either the right or the left.—2. An impossibility of carrying the tip of the tongue to the upper lip, without the assistance of the lower jaw, which is carried forward to support the tongue.—3. A remarkable development of the genio-glossi muscles at their max-

illary insertion, which is easily seen when the point of the tongue is directed towards the palate.—4. Spasmodic agitation of the tongue, while attempting to speak, the organ moving in the mouth without its apex coming in contact with the palate. Stutterers, while speaking, keep the mouth constantly open to some extent; the lower jaw seems to be kept motionless from an apprehension of the tongue being bitten, when that organ is convulsively thrown forward between the teeth.

From these observations, you may gather that I consider the essential causes of stuttering to consist in a spasm of the tongue, and a shortening of the organ produced by that spasm, which shortening prevents its apex being carried to the palate.

To remedy this spasm and shortening, it is I think necessary to operate on the tongue, though not precisely in the situation, nor according to the method proposed by M. Dieffenbach.

On comparing spasm of the tongue with spasmodic strabismus, I considered that it would be sufficient to divide one or more of the muscles of the tongue at their insertions, to succeed in remedying their unnatural condition; and the genio-glossi muscles being the most powerful, and the most easily divided at their attachment to the posterior aspect of the lower jaw, I determined to divide them, the more especially as their division seemed calculated both to render the motions of the tongue more free, and to allow its apex to be carried towards the palate.

Before describing the operation, I shall call your attention for a moment to the anatomy of the region.—On raising the tongue we see the frenum, beneath which we observe a tense cord continuous with it, which we may call the sub-mucous frenum, and which is merely the conjoined tendons of the genio-glossi muscles. These tendons are inserted below the incisor teeth, on the posterior surface of the lower jaw, by a tendinous attachment, not thicker than the blade of a knife, except inferiorly, where it is broader. This tendinous attachment is at least an inch in depth. Superiorly at its point of insertion it is only covered by the mucous membrane, but posteriorly the muscle enlarges considerably, and is covered by the sublingual gland, which can only be completely avoided by carrying the knife close to the bone.—Beneath the attachment of the genio-glossi muscles, we find the insertion of the genio-hyoid muscles, which I divided along with the genio-glossi muscles, in a particular case where the lingual spasm involved the region of the neck.

As is the case in the operation for strabismus, I think that success here depends on complete division of the muscles; if a few fibres of the genio-glossi muscles remain undivided, there is still a fixed point towards which they can contract; the spasm continues, and the elongation of the tongue is but momentary, because the divided portions will soon unite in the line at which they were divided.

For the division of the tendon of the genio-glossi muscles, I use but two instruments, a common hook, and a pair of scissors bent similarly to those used for staphyloraphy, with this exception, that the blades are not blunt, but are pointed like a common straight bistoury. An assistant, placed behind the patient, supports his head, desires him to open his mouth, and placing the little finger in each commissure of the lips, draws them backwards. The operator holding the hook in the left-hand, introduces it into the mucous membrane, in the middle line above the tendon of the genio-glossi muscles, so as to put it on the stretch, and render evident the cord which it forms. The

scissors held in the right hand, and the blades half opened, are now plunged closely in contact with the lower jaw, to the full depth of an inch, so as to comprise between them the genio-glossi tendon, which is divided by simply closing the blades. The whole operation occupies, at the utmost, but ten seconds.

The genio-glossi muscles, liberated from their attachment, retract backwards; and on passing the finger into the wound, the cavity formed by their retraction is felt; and if any fibres remain undivided, their section must be completed with the blunt-pointed bistoury. The cavity should be plugged with a piece of sponge steeped in vinegar, which presently arrests the bleeding.

M. Raudens has performed this operation three times. In one case, the genio-hyoid muscles, as well as the genio-glossi muscles, were divided; in this case considerable tumefaction beneath the chin, and swelling of the salivary glands supervened, and lasting twelve days, requiring the application of twenty leeches. The other two cases were, so to say, well on the fourth day.

The three operations promise to be perfectly successful, the patients who previously stuttered to an extreme degree, now speaking with but a very trifling impediment. The tongue is still somewhat embarrassed in its motions, owing to some remaining tumefaction; its spasmodic state has, however, been evidently removed. They can all keep up a protracted and animated conversation, without any of the peculiar hesitation characteristic of their former infirmity. It may be asked, will this success be permanent? but, whatever the result, it shall be faithfully recorded.—*Gaz. des Hôpitaux*.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.—MARCH 18, 1841.

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JOHN ROSE, admitted into the Westminster Hospital Jan. 15th, 1841, aged 39, with a pulsating tumour in the neck, supposed to be an aneurism of the right subclavian artery. He stated that, about six months ago, while performing extension of the arm during his usual exercise as a soldier, he had a sensation underneath, and about the centre of the clavicle, as if something had snapped, and which occasioned him great pain, so much so, that he was obliged to fall from the ranks. About fourteen days after this, he observed a small tumour in the neck, about the same situation as he described having at first felt the pain, which tumour has since gradually been increasing in size, but without occasioning him any constitutional disturbance up to the present time, it now being of considerable magnitude, extending as high up, or nearly so, as where the carotid artery divides into the internal and external, occupying the two inner thirds of the subclavian, and extending below as far as the second rib, having apparently caused the absorption of a portion of the first as well as a part of the external end of the clavicle.

Ordered to be put upon low diet, and to be kept perfectly quiet. At a consultation it was resolved, that, as from the size and situation of the tumour, it was impossible with advantage to tie it in any situation; that some means should be adopted for procuring a coagulum in the sac; and it was suggested that for this purpose the galvanic battery should be used, which was accordingly done Feb. 16. Two needles of a curved form having been introduced into the tumour, a stream was made to pass through it of sufficient strength to coagulate albumen. This was continued for about ten minutes, and which occasioned the patient but little incon-

venience, he merely complaining of rather an unusual heat on the part. The needles were then withdrawn, merely a few drops of blood following; the patient then walked to his bed, and continued as well as usual for the remainder of the day.—Wednesday 17th. The tumour which before had merely a slight blush of inflammation on that part which was most prominent, has to-day a very inflamed appearance, extending over the whole surface. Tongue rather furred, pulse quick, and complains of cold down the back, with cold fits of shivering, followed by flushes of heat; skin hot and dry; complains also of a strange sensation at the chest, about the region of the heart, which he says he cannot describe.—Ordered a small dose of calomel c. antim. potass. tart. $\frac{1}{2}$ gr., and liq. ammon. acetatis, every four hours.—Evening much the same, pulse 90, with peculiar action every alternate beat, there being a considerable interruption; he seems much distressed.—18th. Symptoms remain the same; continues to use a cold spirit lotion that was ordered two days ago, to the inflamed surface of the tumour; breathes with great difficulty, thinks he is dying, and is greatly depressed. All medicines discontinued; half-past eleven p. m. feels somewhat better, pulse more regular.—19th. Great change for the better, pulse quite regular, is 72, feels himself as well as usual—the inflammatory symptoms have been greatly lessened by the application of the lotion. In removing the lint which had been kept applied with the lotion, the compress accidentally came away which was placed over the wound made by the entrance of the needles, and there appears some disposition to form a small ulcer—a small piece of lint dipped in cold water has been applied as a compress over it with a small piece of adhesive plaister.—20th. The appearance of the tumour is still less red this morning, the cold lotion having been kept constantly applied. It appears to be more solid, and the pulsation lessened very greatly; pulse about the same, and quite regular, but much less strong in the right than in the left wrist; feels himself in health perfectly well. The ulcer appears somewhat to have increased in size, and has a small slough around its margin. Small piece of wet lint and adhesive plaister applied.—22nd. Not so well to-day, and will not allow the lotion to be applied; says that he is dying; the tumour appears much flushed.—23rd. The spirit lotion having occasioned some irritation on the surface of the tumour, ice enclosed in a bladder has been substituted. The symptoms since the 23rd until March 9th have remained without any material change, with the exception of the tumour having somewhat increased in size, and become thinner at the point farthest from the heart. On the 11th, from his having, as he supposed, pressed upon the tumour while asleep the previous night, there appeared a slight discharge of blood and serum from the ulcer, but the lint being replaced, it did not continue. He remained quite well in health until the 12th, when at half-past two a. m. hæmorrhage came on suddenly, the tumour bursting at the point of ulceration. The twisted suture was applied as soon as possible, which restrained the hæmorrhage; but the loss of blood had been so rapid, that the patient expired in ten minutes.

Post-mortem.—Upon dissecting of the integuments, fasciæ, and platysma myoides, the sac of the tumour, containing but a small coagulum, was exposed, extending as high up as the os hyoides, and crossed and bound down by the sterno-cleido-mastoid muscle, the inferior portion of the muscle being nearly absorbed. Upon removing this, the tumour was easily turned down over the clavicle, being quite

detached from the common carotid artery, but lying closely upon it in its whole course. It having formed an adhesion to the sternum, this was divided about the centre, and raised, together with the extremity of the first rib. The clavicle, to which the tumour was closely connected, was also divided about the centre, the inner third being absorbed.—The chest was then opened; the heart and great vessels being removed, the aneurism presented itself rising from the anterior part of the arteria innominate, immediately before it divides into the right carotid and subclavian arteries, leaving them almost perfect.—On minutely examining the aorta, a second aneurism was observed, about the size of a fowl's egg immediately above the mitral valves. The heart was considerably enlarged, but no other morbid appearance was observed.

W. T. KAY, Student.

FROM MR. HOWSHIP'S WORK ON SURGICAL DISEASE.

SEROUS INFLAMMATION AND SUPPURATION OF THE PERITONEUM.

THE symptoms by which the accession of serous or peritoneal inflammation of the bowels may be discriminated, are in general sufficiently evident. A quick and hard pulse, heat and thirst, with tension and tenderness of the abdomen, will be distinguishing signs; although in the examination of those who have died in the bilious remittent or yellow fever, I have often traced extensive inflammation and free suppuration of the peritoneum, where, having watched the cases, I know that none of these symptoms were present.—The ordinary consequences of serous inflammation, are effusion of serum, albumen, fibrine, or pus, with more or less thickening of the membrane itself. The only instances I have seen of ulceration, commencing on the serous surface, have occurred, either where an extraneous substance had to make its escape, or an abscess required an outlet for purulent matter. The extension of aneurism falls not exactly under this term, ulceration being necessarily connected with the formation of pus, while the progress of aneurism is effected without the intervention of pus, by the more simple agency of adhesion and interstitial absorption. Neither is it always easy to distinguish, during life, which of these two operations may be going on. Where, however, an internal abscess seeks to make its way through the external parietes, effusion of fibrine, tumour, heat, and redness, will usually convey an intimation sufficiently express of what is about to take place.—Where serous inflammation is consequent on a small, and perhaps single ulcer in the intestine, allowing the escape of contents into the peritoneal cavity, it will be impossible to determine the cause, and not always easy to distinguish the effect, inflammation of the peritoneum, during life; a striking instance of which has been adduced in the preceding remarks on mucous ulceration. Should the opening in the intestine be the sudden result of external violence, rupturing the bowel, the escape of contents may destroy life, almost before time has been allowed for the establishment of inflammation, especially where active depletion has been promptly adopted.—The case of peritoneal inflammation simulating psoas abscess, conveys a useful lesson of caution, in deciding positively upon the precise situation of internal abscess. A lesson still more strongly inculcated by the case next following, as an example of obscure abdominal abscess, the progress of which I noted with especial care, for many years; and yet, on examining after death, there was no distinct evidence whatever, as to the particular seat of the original mischief.

ON MUCOUS INFLAMMATION AND ULCERATION OF THE BOWELS.

The discrimination of inflammation, or of ulceration of the mucous lining of the intestines, will often require a close attention to the case, the early and present symptoms, and especially the

appearances. Generally more or less tender soreness of the abdomen, with a degree of febrile action, will be among the most constant symptoms, while the characteristic appearances will be a discharge of blood or of pus. But neither the appearance of blood or of pus proves the existence of ulceration. The preceding cases show that blood may be copiously poured into the bowels by the exhalant arteries without ulceration, and I have frequently seen temporary irritation induce a free discharge of pus from the bowels, where the prompt and favourable result of the case, or the appearances after death, have evinced the mucous tissue being free from ulceration. Tenesmus, also, will most commonly be present, especially if the seat of ulceration be low down in the rectum. Yet the presence and degree of each symptom, in relation to the rest, is so dependent on state of constitution, stage of disease, or certain peculiar features of the case, impossible to ascertain during life, that to arrive at a correct and clear conclusion is often extremely difficult.—Where irritation alone exists upon the mucous surface of the bowels, there may be most distressing tenderness of abdomen, and where ulceration is present tenderness may be scarcely felt. Now and then a very curious evidence of the intimate connexion between this surface and the sensorium, through the sympathetic system, is afforded, as in the case of ulceration exciting epilepsy, and also in those distressing cases where irritation operating through the same system, influences the nerves and affects the muscles of volition, inducing stiffness, loss of power, and of substance in the lower limbs, an affection of the nerves somewhat resembling that which attends scrofulous disease in the spinal column.—When the affection, confined presumably to the great intestine, from its close analogy to inflammatory irritation, had suggested the use of warm emollient liquids, so injected as gently and moderately to distend the bowel, the result was too favourable to have passed over in silence; especially as it may prove a means no less important in discrimination than in treatment.—Again, we shall see, in the case of a small adherent ulcer with hernia, a remarkable evidence how entirely a patient may remain unconscious of any ailment at all, provided the extent of the ulceration is of inconsiderable extent.—Extensive ulceration of the mucous lining of the bowels, from disturbance or destruction of the function of absorption, and consequently of nutrition, must necessarily incur wasting and emaciation; the presence of this symptom, therefore, will assist discrimination. Yet is it to be borne in mind, that although it may have been the effect of ulceration, it is no positive proof of its presence. For presuming the ulcers to have healed, and the irritation to be thus relieved, still a difficulty remains, not to be overcome by time or treatment. The surface cicatrized is so far repaired, but the cicatrix, although a protective covering, is not an absorbing surface, and consequently all those portions of the canal so situated are permanently lost to the system as sources of nutrition. It is on this ground that we find patients, where extensive ulcerations of this kind have healed, may continue to eat and digest vigorously to the last, taking food enough for two or three persons, and yet sink under emaciation, as in mesenteric disease.—One important case, indeed two, will be found related of abscess between the rectum and vagina, a case not commonly easy to discriminate with precision, or if distinguished, scarcely within the reach of safe treatment. In one instance, previously instructed by one of the following cases of the certain event, if let alone, finding a young lady so situated, I took the uncertain chance of escape from bleeding, and made a deep section. Healthy action and granulation followed, and she recovered; but I never was more near losing a patient by hæmorrhage than in this case.—The examples of intestinal abscess are of rare occurrence, and, like some of the other cases, are rather important as furnishing the means for a prudent and cautious prognosis, than as affording any confident anticipations of a successful treatment; but when this latter happiness is denied, it is still of great moment to obtain every information that may throw light even upon the impending event.

OVARIAN DROPSY.

To the Editor of the 'Medical Times.'

DEAR SIR,—I have drawn up a Case of Ovarian Dropsy which has come under my notice, if you consider it worthy a place in the 'Medical Times.'—I remain, dear sir, your's very truly,

SAMUEL S. BRAME, M.D., L.A.C.

Lowestoffe, March 17, 1841.

Mrs. B., aged 55, of a plethoric habit, and whose pursuits from childhood have been of a sedentary nature, first perceived an enlargement of the abdomen in the 28th year of her age (1814). This enlargement slowly and progressively increased up to the time of the first removal of the fluid. Her general health during this period did not suffer, and the uterine functions were performed with regularity. In the year 1819, five years after the first appearance of ovarian disease, she became pregnant, of which she was unconscious, until safely delivered of a living female infant at the full period of utero-gestation. After her accouchement, the abdomen slightly diminished in size, but quickly regained its former dimensions, and continued to increase up to the year 1824, at which period her appearance is said to have been truly frightful, and her sufferings almost insupportable.

After consulting several medical men, and, to use the patient's own words, "being drenched with medicine, without obtaining any relief," (a circumstance which forcibly corroborates the fact, that medicine can exert no salutary influence over ovarian dropsy,) she was advised to consult the late Sir A. Cooper. Accordingly, in the year 1824, she repaired to London, Sir Astley visited her, and at once pronounced it to be a case of ovarian dropsy, and advised her to be tapped. This was immediately done, and 12 gallons of fluid were removed. It appears from the patient's statement, Sir A. C. did not deem it safe to remove the whole, consequently we may presume several pints were left behind. Great relief resulted from the operation, and Mrs. B. continued tolerably well until the spring of the following year (1825), when finding herself again inconvenienced by the presence of a second accumulation of fluid, she applied to an eminent country surgeon in her neighbourhood, who removed 22 pints more of fluid.

After three years had elapsed, the operation was again performed by W. C. Worthington, Esq., Surgeon of Lowestoft, when 25 pints passed away. This took place in the spring of 1828.

Mr. Worthington, in his statement of the case, remarks, "Five years elapsed before the operation was again required, and during this interval, Mrs. B. may be said to have enjoyed a tolerable share of health."—"The greatest inconvenience she experienced, and what had now somewhat increased, was the abdominal distension, and sense of weight about the loins and abdomen."—"Within the last few years the catamenia had become more scanty, but still manifested itself with regularity."

In the month of May, 1833, Mr. W. again removed 42 pints of fluid. On this occasion the fluid, which at other times has been purely serous, had become more opaque in its appearance. It was in the year 1839, that I first attended the patient, when Mr. W. again abstracted 40 pints of fluid.

In April of the following year, 1840, 56 pints were removed, an interval of little more than 12 months having elapsed since the last operation. The fluid now began to be secreted with greater rapidity, probably owing to the complete cessation of the menstrual discharge; the urine became still more scanty, not exceeding 6 ozs. in the 24 hours; the legs became cedematous,

the dyspnoea extreme, with great inability to bear any exertion; and in the month of November last, 76 pints more fluid were removed, an interval of seven months only elapsing between the last two operations.

The general health of the patient at this time is pretty good; the abdomen is again enormously distended, and there is every reason to believe that the operation must soon be repeated. The nervous system appears in a healthy state, and the mind tranquil—nor does the patient suffer so much as one might suppose from the impression made on the system by the operation of tapping; she meets it cheerfully, and keeps her bed for about a week afterwards.

As a recapitulation of the case, we may observe, that the disease has existed 27 years, the operation been performed six times, and the total quantity of fluid removed, 35 gallons.

DR. SEYMOUR'S CLINICAL OBSERVATIONS AT ST. GEORGE'S HOSPITAL.

HYPERTROPHY OF THE HEART.

THE next case on which I have a few words to say is that of our fat friend upstairs; I dare say you all recollect him. He has been a good fellow, and, doubtless, a jolly liver all the days of his life, for he looks in the enjoyment of most robust, and is indeed, if I may say so, in too good a state of health. He has got simple hypertrophy of the heart, with supervening dropsy. He has taken various medicines to drain off this superfluous fluid, and among others, Dr. Beddoes's hydragogue electuary, consisting of jalap, cream of tartar, and honey. This has had the effect of diminishing his size considerably, and of hurrying away, he says, as many as twenty-four copious and watery stools. He will go out very much relieved, or, as he may perhaps consider himself, cured, and he will return to his own bad Falstaff habits, of immoderate eating and drinking, to which he will some day or other fall a victim.

DROPSY.—HEPATIC DISEASE.

In those cases in which collections of fluid arise within the abdomen from disordered structure of the liver, much or little may be done, according to the peculiar organic disease affecting that viscous. Where it is manifestly enlarged, mercury in some cases becomes a most efficient remedy. There is a case upstairs of an opposite description to this, in which the liver is shrunken up to considerably less than its normal bulk, and its peritoneal covering is puckered up. In this case I gave elaterium, which I should tell you is only really useful in cases of anasarca, from disease of the heart; but it was of no service to him, and I discontinued it; but he had a swollen tympanic belly, so I ordered him an enema of rue. Rue is a medicine which, among the old physicians, Dr. Radcliffe in particular, had a very great celebrity; the late Dr. Maton, also, considered that he had saved many lives by its timely employment. I have found it a most valuable remedy in cases of abdominal tympanitis. This man had the injection repeated when necessary, and the relief he experienced from it was very great.

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